Today
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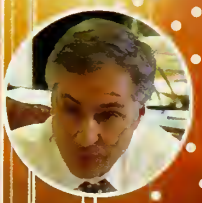
Directing the Energy

President's Planning Process Ensures Collective Effort, Optimal Results



Innovation in Education
A new program is the brainchild of MCG's neuroscience focus.

Politics (Not) as Usual
Three alumni make their mark on the Georgia Legislature.

From the Presidents

Vision and stewardship. The ability to imagine a better future for the citizens of the state of Georgia and the commitment to hold ourselves accountable. This is perhaps the most succinct way of articulating the values I brought to the presidency when I began my work in summer 2001. Certainly, the lexicon of leading planners and strategists is far more expansive.

In the years I've been involved in academic medicine, I've seen many approaches to charting the future come and go: operational planning, tactical planning, bottom-up planning, top-down planning, management by objectives. The planning cupboards of the nation's colleges and universities have, over the years, been stocked with core competencies, benchmarks, critical success factors, outcome measures and performance metrics.

When my leadership team and I began our planning process in October 2001, we embraced a straightforward approach that works for us, for our organizational structure and our leadership philosophy—not simply a style that was in vogue.

We agreed to rise above the urgency of our day-to-day operations and spend time focused on the future of the Medical College of Georgia. And we agreed to size our vision, to create a viable and rational plan for MCG's growth and development that has a strong financial foundation.

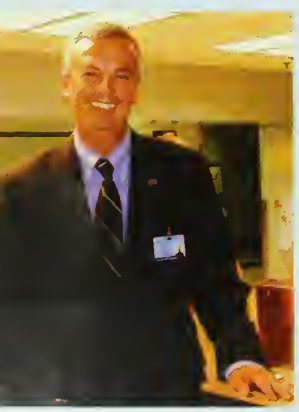
This issue includes an article about our approach to planning, but, more importantly, gives you a closer look at the advancements this approach has made possible.

Sincerely,

Daniel W. Rahn M.D.

DANIEL W. RAHN, M.D.
President, Medical College of Georgia

In 1995, leadership at the University System of Georgia and the Medical College of Georgia had the foresight to recognize that the existing management and financial structure of the hospitals and clinics was insufficient to support the clinical enterprise in an increasingly challenging economic and competitive environment.



On July 1, 2000, MCG Health, Inc. was activated as the not-for-profit corporation to manage the clinical operations. MCG Health, Inc. was to be the economic engine that fuels MCG's education and research missions.

Through our vigorous planning process and continuous measurement of performance, we have been successful at fulfilling our purpose. During the first 18 months, we achieved a $47 million turnaround to strengthen the health system and put it on firm financial footing. With that foundation in place, we have gone on to transfer more than $43.5 million, approximately 43 percent of our margin, to MCG over the past four years.

Upon our activation five years ago, we set a goal for the clinical enterprise to reach the top quartile of academic medical centers by the end of calendar 2005, with a highly specific plan and measurable metrics by which to determine success. Again, exhaustive planning played a key role in our success. In fiscal 2004, we were among the Solucient 100 Top Hospitals and we reached the upper quartile of the University HealthSystem Consortium Key Indicator Report.

In November 2005, approximately 85 participants representing MCG Health, Inc., the Medical College of Georgia and the MCG Physicians Practice Group Foundation met over two days to update the health system's strategic plan. This combination of talent, proficiency and diverse viewpoints ensured that our plan would reflect a well-coordinated and integrated effort. There were no sacred cows. All elements of our first strategic plan were open for discussion. Our mission, vision, values and 10 strategic initiatives were evaluated with a critical eye toward the environment in which we expect to operate over the next five years.

The result of our planning session is nine strategic initiatives supported by more than 550 detailed, measurable objectives. We combined our customer service and clinical quality initiatives, and we added an initiative that addresses master facilities planning in recognition that implementation is on the horizon within three to five years.

The English playwright John Galsworthy once said, "If you do not think about the future, you cannot have one." As you read the article on page 6, you will see that our campus will not only have a future, but a bright one indeed.

Sincerely,

Don Snell

DON SNELL
President and Chief Executive Officer
MCG Health, Inc.

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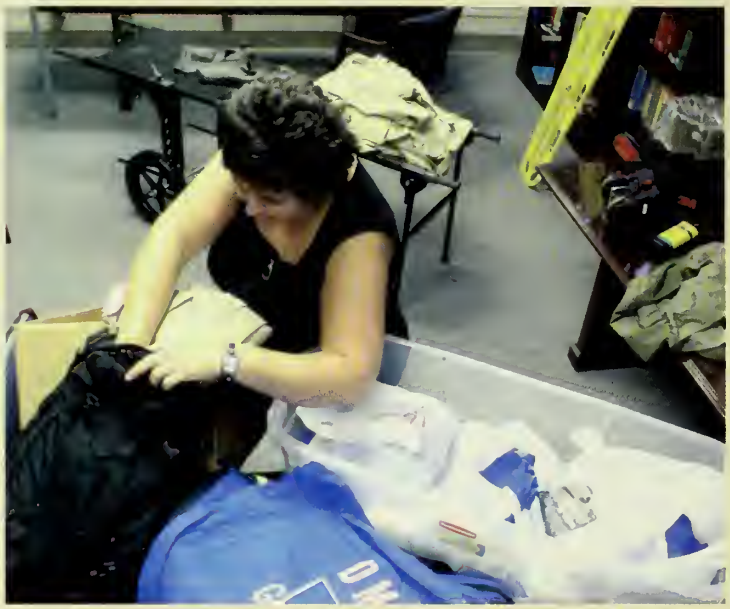
NEWS BRIEFS

Habla Espanol?

MCG Health System offers general health information in Spanish on its Web site, www.MCGHealth.org, to help support this rapidly growing segment of the population. The information covers more than 50 topics for adults and children, including cancer, heart disease, diabetes, nutrition, and growth and development. Also included is a physician search feature allowing visitors to locate physicians who speak one of 17 languages, including Spanish, Korean, Persian and American Sign language.



Regina Medeiros prepares supplies for DMAT members.

Help for Hurricane Victims

The suffering was extraordinary, but so was the altruism as the MCG community banded together to contribute to the Hurricane Katrina relief effort.

Members of the MCG-sponsored Georgia 4 Disaster Medical Assistance Team traveled to disaster sites to offer medical, psychological, administrative, equipment, communications and safety support, according to Regina Medeiros, the team's administrative officer.

MCG Health System provided regular bed counts to the Georgia Hospital Association, prepared at a moment's notice to treat hurricane victims.

The Health Center Credit Union set up the Katrina Hurricane Fund for cash donations to the relief effort, and the MCG Registrar's Office coordinated Golden Harvest Food Bank drop-off sites on campus for donations of non-perishable items.

"Members of the MCG community have always demonstrated enormous compassion and generosity, particularly in times of extraordinary need," President Rahn said. "It was very gratifying to see such a remarkable outpouring of assistance during one of the most dire crises in our nation's history."

Administrative Changes Announced

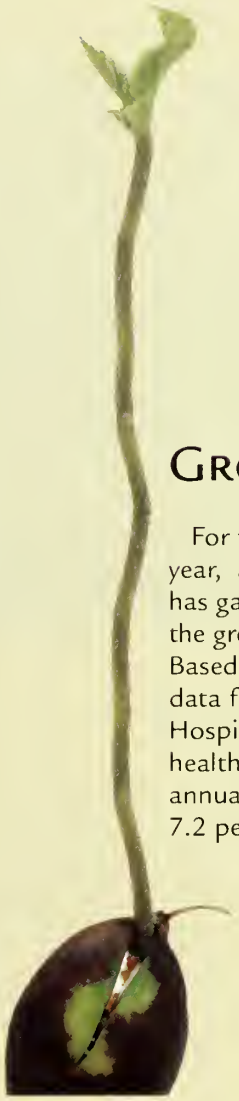
MCG President Daniel W. Rahn recently announced four administrative changes.

Vice President for External Affairs and Government Relations R. Bryan Ginn Jr. has been charged with expanded duties in the reconfigured role of vice president for university advancement. The new role encompasses development, alumni affairs, government relations, media relations, strategic communications, special events and community affairs. He came to MCG in 2002 from Kennesaw State University where he was director of state and local relations and assistant to the vice president of university advancement.

Deb Barshafsky, executive assistant to the president and director of institutional research, has been named vice president for decision support. Ms. Barshafsky joined MCG in 1989 as an institutional research associate. She earned a master's degree in educational research from the University of South Carolina. Mr. Ginn's and Ms. Barshafsky's new positions are pending Board of Regents approval.

Dr. Frank A. Treiber, director of the Georgia Prevention Institute and Regents Professor of Pediatrics and Psychiatry and Health Behavior, has been named vice president for research. He will continue his research activities, which include serving as principal investigator on a $10 million National Institutes of Health Program Project grant seeking hypertension risk factors. Dr. Gregory Harshfield, associate director of the Georgia Prevention Institute, will serve as interim director of the Georgia Prevention Institute.

Dr. Gretchen B. Caughman, interim dean for the School of Graduate Studies, has been named to the position permanently. She joined the MCG faculty in 1985 and was named associate dean for the School of Graduate Studies and associate dean for graduate studies in the School of Medicine in 1999.



Growth Spurt

For the fifth consecutive year, MCG Health System has gained market share in the greater Augusta area. Based on inpatient discharge data from the Georgia Hospital Association, the health system has charted an annual growth rate of 7.2 percent.

A Patient Perspective

MCG Health System will be featured in "Remaking American Medicine," a program that will air on PBS in summer 2006. The four-part series will focus on pioneering individuals and organizations who work to bridge the "quality chasm" in health care. MCG Health System's dedication to patient- and family-centered care is featured through stories and interviews with key personnel and patients.

For the Kids

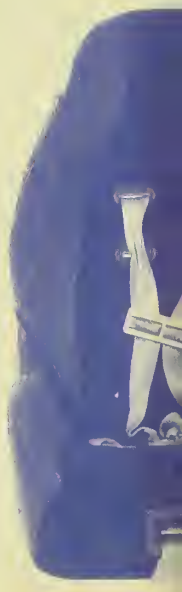
The 2005 Children's Miracle Network broadcast yielded nearly $750,000 in pledges to support the MCG Children's Medical Center. The Children's Medical Center has been a beneficiary of the CMN since 1986.

Making a Splash

The MCG Children's Medical Center's WEE CAN SKI program received the 2005 Volunteer Program Excellence Award in the community category from the Georgia Society of Directors of Volunteer Services, an affiliate of the Georgia Hospital Association. For seven years, the free program has offered a day of waterskiing, tubing, jet-skiing and boat-riding for children with medical and physical challenges.

Safety Drive

Safe Kids East Central at the MCG Children's Medical Center received a Mobile Car Seat Check Up van from Chevrolet, valued at nearly $50,000. The van will enhance child passenger safety efforts and promote all aspects of injury prevention. The Safe Kids Buckle Up program, sponsored by Chevrolet and General Motors, offers grants to coalitions nationwide. The Safe Kids Buckle Up fleet includes 119 vans throughout America.



Library Welcomes Alumni

MCG's Greenblatt Library has expanded its role to make its services, technologies, programs and facilities more available to alumni. Offerings include continuing education programs, customized on-site services, online resources (including a database with full-text archives of electronic journals and the GALILEO StateWide Library) and access to historical materials. To make a donation to help ensure the library's continued growth as an optimal learning environment for students, faculty and alumni, visit www.lib.mcg.edu/about/makeyourmark.php. The library also welcomes donations of MCG-related materials for its Historical Collections and Archives section. Contact Lisa Westrick, historical collections archivist, at lwestrick@mcg.edu or 706-721-3444 for more information.

Reaching Out

Julianne Chambliss, wife of Georgia Sen. Saxby Chambliss, read to patients recently in the MCG Children's Medical Center, the Augusta area's only program site for the nationwide Reach Out and Read program.

Mrs. Chambliss has pledged to visit all 39 of Georgia's program sites, which serve more than 35,000 children.

Stan's the Man(nequin)

Stan owes his life to dentists.

He was having his third molars removed July 29 when a reaction to his medication caused his heart rate and oxygen level to suddenly plummet. Quick action saved his life—such as it is.

Stan is actually a School of Nursing patient simulator (Standard Man) that was trotted across campus to help dental students and residents practice clinical skills on a crisis-prone, though highly undemanding, patient. With lifelike physiological functions, Stan is an invaluable teaching tool that can be programmed to help students campuswide, according to Dr. Lori Schumacher, assistant professor of advanced practice nursing.

"Simulation is a wonderful mechanism to provide a realistic educational experience not only for students but for professionals," said Dr. Schumacher, who teamed with Dr. Henry Ferguson, associate professor of oral and maxillofacial surgery, to introduce Stan to dental students.

Stan's crisis wasn't real, but the participants' response was. They utilized an adjunct airway, administered intravenous medications, performed cardiopulmonary resuscitation and applied an automated external defibrillator. "Participants actually perform rather than verbalize what they would do in this type of circumstance," said Dr. Ferguson.

Plans are under way for more collaborative health care training using simulation, Dr. Schumacher said.

Directing the Energy

President's Planning Process Ensures Collective Effort, Optimal Results

Their surprise was audible.

"That was a parking lot when I was here," said an alumnus, pointing to the Cancer Research Center.

"That building was a ball field," said another as the bus cruised farther along.

"And that one? A motel."

As Medical College of Georgia alumni found out during a Homecoming bus tour of campus last spring, they certainly can come home again. But they might not recognize it.

Georgia's health sciences university has changed dramatically on many different levels in recent years, but the physical plant offers the most striking testimony to its progress.

New facilities on the scene in the past four years include the Cancer Research Center and Health Sciences Building (both under construction), phase two of the Interdisciplinary Research Building, the MCG Wellness Center and a new energy plant.

"These are the most tangible signs of our achievements," says Dr. Daniel W. Rahn, who assumed the MCG presidency in 2001. "What we've been able to accomplish in spite of many challenges has, quite frankly, astonished me. We've invested millions in research infrastructure, repopulated our faculty, launched seven new academic programs, upgraded our information technology platform, revamped our financial infrastructure, made salaries nationally competitive...."

He pauses, but only to come up for air. He hasn't exhausted the list.

Yet as much as he enjoys enumerating MCG's achievements, more important to President Rahn is citing their cause. "I attribute our success to everybody who gets up each morning and devotes another day's effort to contributing to the mission," he says. "I've been amazed by the resilience of our faculty and staff. It's been very heartening, and it gives me great optimism about the future. If you direct the energy here on campus, the potential for advancement is just incredible."

And how do you direct that energy?

President Rahn and his leadership team started by identifying 10 overarching priorities (see box on right). "In order to manage strategically, we developed a plan that required putting every resource on the table, then articulating and prioritizing goals to match the resources with the mission," says President Rahn.

"We don't want to spread ourselves too thin," he says. "We want to engage in activities appropriate to our role, using our abilities and resources in the best possible way. So we identified a hundred-plus initiatives and went through them in a very deliberate process of aligning, prioritizing and putting a budget process in place."

The initiatives had to meet the litmus test of

MCG's 10 Overarching Priorities

Enhance the educational environment and update educational programs.

Enhance the research enterprise.

Improve access to clinical services.

Continuously enhance the quality of faculty and staff.

Continuously enhance the quality of the student body.

Increase the diversity of the campus community.

Enhance institutional communications.

Enhance the institutional physical infrastructure.

Enhance the institutional technology infrastructure.

Enhance the institutional business and administrative infrastructure.

Visit http://www.iris.mcg.edu/plan/initiatives.asp for more information.

"I attribute our success to everybody who gets up each morning and devotes another day's work to contributing to the mission. I've been amazed by the resilience of our faculty and staff."

–Dr. Daniel W. Rahn

supporting the 10 priorities and complementing the six values that characterize the work of MCG: leadership, social responsibility, compassion, diversity, professionalism and excellence.

"It's a living and breathing plan," says Deb Barshafsky, vice president for decision support. "We designed processes to be lean, agile and nimble. If an opportunity presents itself, the process is fluid enough to easily fold that into the existing structure. And if something isn't working, that becomes quickly apparent and manageable. We can't wait too long to right the ship."

The teamwork that evolved from the planning process inspired everyone to consider the best interests of the entire university, rather than their pockets of responsibility. "We're all accountable to each other," President Rahn says.

At a planning session held near the end of the fiscal year, the senior leadership team identified all available funds and aligned them with the institution's highest-level strategic initiatives. "As a result of collaborative and focused financial management," says President Rahn, "we were able to use unexpended school and departmental funds at the institutional level to advance institutional initiatives. It was a real turning point."

President Rahn and his team are now reallocating unexpended funds at monthly planning sessions. "Essentially, we're re-budgeting in real time," says Ms. Barshafsky.

President Rahn notes that his experience in private practice forced him to develop business skills. That perspective—coupled with his inherent bent toward fiscal conservatism—makes the approach a no-brainer, in his estimation. "You can't spend money you don't have," he says simply. But if everyone buys

"What we've been able to accomplish in spite of these challenges has, quite frankly, astonished me."

–Dr. Daniel W. Rahn

into collective goals and has a sense of ownership about MCG's overall success, the pie suddenly seems larger because the emphasis has shifted from coveting individual slices. It may be an overstatement to say that walls have tumbled, he says, "but we've built windows into the walls."

"By clarifying what we want to do as an institution, we're better utilizing our resources," says Ms. Barshafsky. "We decide, 'We need X amount of dollars to make this work, and if we have the funding, we can leverage it to optimize the results.'"

That leveraging has been an incredible boon for the community and the state, notes President Rahn. "We give the state of Georgia a huge return on its investment," he says, adding that state appropriations now account for only about a quarter of MCG's core budget. And, as MCG generates its own funding through clinical and research activities, those in Georgia and beyond reap the benefits of its discoveries and innovations.

"We focus on the diseases of greatest importance to Georgians: cancer, cardiovascular disease, diabetes/obesity, infection/inflammation and neurological diseases," says President Rahn. The focus not only optimizes MCG's impact "but enables us to align fundraising with strategic processes," he says.

MCG's planning process hasn't gone unnoticed by others. "I think this is a very novel approach for an academic institution," says Ms. Barshafsky. "Other universities are impressed."'

But President Rahn knows no system is infallible.

"Not everything we're doing will be successful," he says. "I don't mind mistakes as long as they're honest mistakes that we can quickly catch and correct. But I know our successes will greatly outweigh our missteps.

This is a great time at MCG. There are tremendous challenges, but the human capital and tools we have to work with and the opportunities available to us are just tremendous."

Christine Hurley Deriso

TEDDY Snare

Researchers Cast Wide Net to Identify Diabetes Triggers

TEDDY research assistant Kim English examines Catherine Newman as father Jim looks on.

Scientists are casting a wide, tightly woven net with the goal of catching the causes of type 1 diabetes.

In October, study sites worldwide began a four-year process to screen 220,800 healthy babies for genes that put them at risk for type 1 diabetes. They expect to identify the genes in about 13,000 babies, about half of whom will embark with their families on a 15-year journey that may help cure the disease.

"Our hope is to identify environmental factors that determine the risks for type 1 diabetes," says Dr. Jin-Xiong She, director of the Medical College of Georgia Center for Biotechnology and Genomic Medicine and Georgia Research Alliance Eminent Scholar in Genomic Medicine. "Once you know the risk factors, you can modulate the risk factors to prevent diabetes."

Five years ago, Dr. She met with other diabetes researchers to discuss such research opportunities. Those conversations led to a request for applications from the National Institutes of Health to investigate environmental triggers of the disease that turn the body's immune system against the insulin-producing cells of the pancreas.

A few dozen centers applied and the NIH chose six to meet again and devise a comprehensive plan for studying this expansive topic that includes nearly everything in a child's life, from the water he drinks to when he eats his first cookie.

"Risk factors for type 1 diabetes include two major components: genetic factors and environmental factors. They are about equally important," says Dr. She. "We have quite a few of the genes identified."

In fact, Dr. She and his colleague, molecular geneticist Cong-Yi Wang, reported in the August 2004 issue of *Nature Genetics* the discovery of the fourth gene, dubbed SUMO-4. Having these genes increases tenfold the risk of developing type 1 diabetes.

But the environmental factors, which researchers believe are responsible for the increasing incidence of the disease, are still elusive. "There are many suspects, like cow's milk and the coxsackie viral infection (also known as hand, foot and mouth disease) that have been suggested as triggers for type 1 diabetes. But the literature is very controversial," says Dr. She.

Dr. Jin-Xiong She

TEDDY—The Environmental Determinants of Diabetes in the Young

That's where TEDDY—The Environmental Determinants of Diabetes in the Young—comes in. The study includes newborns in four states and three countries. MCG is the lead site for seven hospitals, including MCG Medical Center, University Hospital and St. Joseph Hospital in Augusta; Northside Hospital in Atlanta; and three hospitals in Gainesville, Fla. Additional lead sites include Barbara Davis Center at the University of Colorado, Pacific Northwest Research Institute in Seattle, the University of Turku in Finland, Lund University in Sweden and the Diabetes Research Institute in Munich, Germany. Moffitt Cancer Center and Research Institute at the University of South Florida is analyzing the data as participants are enrolled over the next four years.

TEDDY is similar to another screening study driven by Dr. She called PANDA—Prospective Assessment in Newborns for Diabetes Autoimmunity—which also uses a drop of blood taken from the umbilical cord or the traditional heel prick to screen newborns for high-risk genes. Older children also are being enrolled in the PANDA study which is following those with the genes for five years.

While that study continues, the larger study has priority for enrolling newborns, says Diane Hopkins, research coordinator for the Center for Biotechnology and Genomic Medicine and multi-site research manager for TEDDY in Georgia and Florida.

"The families make a real commitment to this research," she says. "We are asking them to record every time the child is sick, every time the child receives medication, whether it's over-the-counter or prescription. Every time the child goes to a health care provider, even for a well-baby visit, we want to know about it. We are throwing this giant net and reeling in as many answers as we can before we know they are answers."

"One school of thinking is the triggering of the disease starts in utero, though no one really knows," says Dr. She. "We need more evidence and we need to know what really triggers the disease."

They definitely will have plenty of evidence. Project managers will see the study participants every three months for the first four years of life and every six months thereafter to age 15. During that first visit, they will extensively

Dr. Pandelakis A. Koni

An Eye Toward Prevention

As scientists conduct a worldwide effort to identify triggers of type 1 diabetes, new resources right here on campus are making the job immeasurably easier for MCG researchers.

For instance, the MCG Mouse Embryonic Stem Cell and Transgenesis Core Laboratories recently developed a new mouse model to test disease prevention strategies.

The transgenic model using the naturally occurring nonobese diabetic, or NOD, mouse, "is a huge technological step for MCG," says Dr. Pandelakis A. Koni, associate professor in the Immunotherapy Center and director of the Transgenesis Core.

Key members of the TEDDY team:

Dr. Andrew B. Muir, MCG pediatric endocrinologist

Dr. Desmond Schatz, University of Florida endocrinologist

Katherine Silvis, MCG nutritionist

Leigh Steed, study coordinator, Atlanta

Angie Choate, study coordinator, Gainesville, Fla.

revisit the pregnancy with the mother.

The early years are important because they help shape the immune system, says Dr. She.

As TEDDY follows children through the two age peaks for type 1 diabetes—2-4 and 12-15—researchers will analyze everything from drinking water to nail clippings. Just as water sources differ from one community to another, diabetes triggers may vary geographically. The extensive data will be examined collectively and by individual center to tease out regional differences.

Clearly, there are regional differences in incidence. Finland and Sweden, for example, which have largely homogenous populations, have the highest rates of type 1 diabetes in the world, says Dr. She.

No doubt the TEDDY study is a tremendous undertaking for the researchers, as well as the children and parents willing to open up their lives to such scrutiny. But the problem with past studies is they took isolated looks at a very complex disease.

"The bottom line is that it's not going to be a simple answer," Mrs. Hopkins says.

Toni Baker

"This is not a new technique and several labs around the world have the ability, but now we do as well, to take that NOD mouse as a starting point," says Dr. Koni. "This mouse would be destined to get diabetes, but by adding that bit of transgenic DNA, perhaps we can alter the whole process. The idea is to prevent the disease."

"It's very important for us to be able to make transgenic NOD mice to test different genes, different molecules and see how they can help us cure type 1 diabetes," says Dr. Jin-Xiong She, director of the MCG Center for Biotechnology and Genomic Medicine and Georgia Research Alliance Eminent Scholar in Genomic Medicine.

Making any transgenic mouse is no small feat. "You use a very fine needle to inject the fertilized egg and one of the pronuclei with the DNA, then remove the needle without ripping the egg apart," says Dr. Koni. "The hope is that the DNA will integrate into the genome."

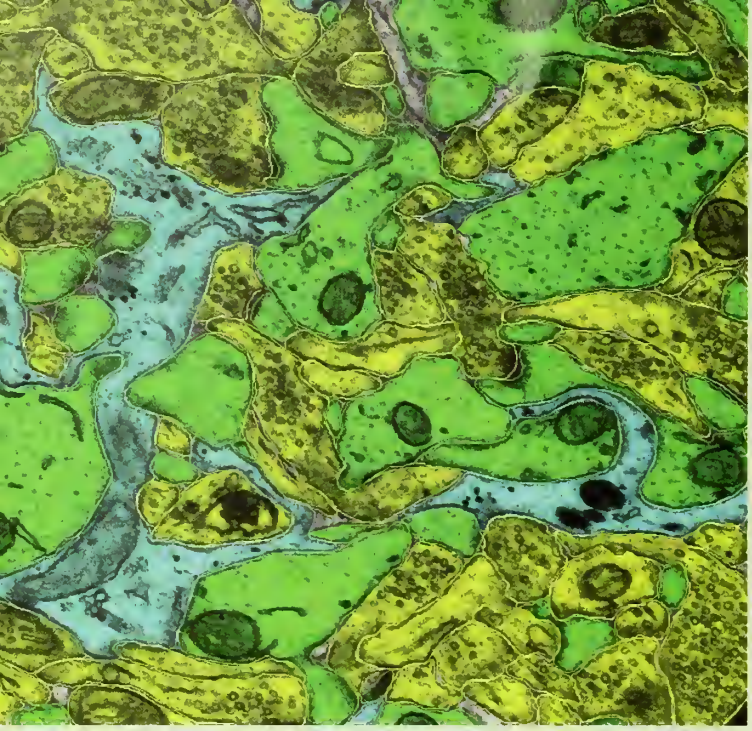
It's a laborious and fairly inefficient task, particularly considering the necessity of a clean environment to avoid altering the mouse's spontaneous autoimmunity.

Now that it's done, Dr. She's lab will breed the model with other NOD mice, some of which will inherit the special DNA.

The core lab also is working with other researchers, including Dr. Cong-Yi Wang, molecular geneticist in the Center for Biotechnology and Genomic Medicine, to develop additional transgenic NOD mice with other therapeutic approaches in mind. For instance, the researchers have asked the core lab to develop mouse models with altered expression of SUMO-4, the gene that Drs. Wang and She recently discovered as a major cause of type 1 diabetes.

"NOD is the best model so far for human diabetes," says Dr. Wang. "These new mice will be very helpful to us."

To find out more about type 1 diabetes research at the Medical College of Georgia, please call 706-721-4161 or 1-888-225-7785.



The neuropil of the rat hippocampus as it appears at the electron micrograph level. Dendrites are highlighted in green, axons in yellow, and astrocytes in aquamarine

Several dendrites reconstructed in 3D (blue, yellow, and green) surrounded by astrocytic processes (aquamarine)

Closeup of a section of reconstructed dendrite (magenta) surrounded by astrocyte (semi-transparent, aquamarine)

Innovation in Education

New Program is Brainchild of Neuroscience Focus

He could be describing really good parents.

"In the developing brain, we think astrocytes start the formation of new synapses and help them develop," Chris Risher says of the supporting cells of the nervous system. "In the adult head, they are making sure everything is in working order. The neurons themselves don't have the machinery to fix problems. Astrocytes are kind of the problem-solvers."

This graduate student is talking about processes that enable brain cells to swap chemical messengers and people to learn, love, think and do.

Chris Risher

"I think it's really cool that we are figuring out how the brain works at every tiny connection," Chris says. "We are at the smallest part of the puzzle, the basis of everything else in neuroscience."

He found astrocytes and his future on the last rotation of his first semester of graduate school at the Medical College of Georgia. Chris couldn't help but remember Dr. Kristen Harris, director of MCG's Synapses and Cognitive Neuroscience Center, after her brief presentation to students earlier that semester.

"You get a sense, right off the bat, that she has all these ideas flying out at any given second. She is really enthusiastic about everything she does," says Chris. She even laid out ideas for students who wanted to spend time in her lab. He was hooked on astrocytes and neuroscience.

Dr. Harris had been similarly hooked years before, deciding as an undergraduate on a neuroscience career. She studied neurobiology with Dr. Timothy Teyler at Northeastern Ohio Universities College of Medicine and Kent State University, which had one of the few neuroscience graduate programs in the country at that time.

When the Georgia Research Alliance Eminent Scholar in Synapses and Cognitive Neuroscience came to MCG from Boston University in 2002 to contribute to the growing mass of neuroscientists, she knew a graduate program had to be part of the program. "To do first-class research, we had to have a Ph.D. program. We needed a workforce of people we were educating here who had as their mission to do research."

Chris is one of the first students in the new program that began this fall, birthed from the enthusiasm of scientists such as Dr. Harris and the clear importance of the system that makes us us.

"The brain is so complex and yet we know very little about it," says Dr. Deborah Lewis, neuroscientist and director of MCG's graduate program in neuroscience. "What is consciousness? How can your hormonal cycles change your moods so drastically? How do we think? How do we navigate space? What happens when things go wrong? There are just so many questions. That is why neuroscience research is really blossoming."

The brain has recently earned a rightful place as a research bull's eye nationwide. The National Institutes of Health declared the 1990s the decade of the brain,

a period that paralleled a doubling of the NIH budget, making more federal research dollars available for all types of research. The Society for Neuroscience has grown from 7,000 to 30,000 members since the late 1970s.

Closer to home, the last six years in particular have been a boon for MCG research, with neuroscience named one of five focus areas, along with cancer, cardiovascular disease, infection/inflammation and diabetes/obesity. In 2005, MCG established an Institute of Neuroscience as a magnet and magnifier for studies of the brain, spinal cord and nerves.

"We have more than 80 neuroscientists generating more than $15 million in research funding annually, and we need to coordinate and expand these efforts," says Dr. Robert K. Yu, director of the Institute of Neuroscience and Institute of Molecular Medicine and Genetics. "I regard training as an important element of success of the neuroscience program. Training is an important element for our future."

He and his colleague, Dr. Darrell Brann, have contributed significantly to neuroscience and education. Dr. Yu is principal investigator and Dr. Brann co-director on a $1 million, five-year training grant to support three postdoctoral fellows and one graduate student in neurodegenerative diseases and neural repair.

The training grant, which is distinct from the new degree program but dovetails nicely with it, has about 20 faculty members and a Steering Committee that helps select grant recipients and monitor their progress. The highly competitive training grant helps publicize MCG's programs and attract top-notch students, Dr. Yu says.

"Continued progress in the battle against neurodegenerative diseases requires the development of multidisciplinarily trained neuroscientists who will be well-equipped to attack the myriad and complex nature of neurodegenerative diseases," he says.

"Neurodegenerative diseases and strokes have an enormous impact on productivity and quality of life for millions of people in the United States. Georgia [part of the infamous Stroke Belt] is especially hard hit. In addition, diabetic neuropathies are particularly prevalent among the African-American population in Georgia," Dr. Yu says.

CHRIS RISHER

"CONTINUED PROGRESS IN THE BATTLE AGAINST NEURODEGENERATIVE DISEASES REQUIRES THE DEVELOPMENT OF MULTIDISCIPLINARILY TRAINED NEUROSCIENTISTS WHO WILL BE WELL-EQUIPPED TO ATTACK THE MYRIAD AND COMPLEX NATURE OF NEURODEGENERATIVE DISEASES."

– DR. ROBERT K. YU

These types of unfortunate facts led MCG to build a critical mass of scientists, including a strong cadre of physician-scientists, who study neurodegenerative diseases. That, in turn, led to the institute and now the expanded emphasis on educating future neuroscientists.

"It's always an experiment when you are trying something for the first time," says Dr. Brann, who developed several of the courses. He looked at what was already out there, talked to others in the field and thought about what he wanted and needed to learn as a student. "We got outstanding course evaluations," he says of courses taught for the first time in 2005, including a Web-based version.

His coursework covers topics such as cellular and molecular neuroscience, nervous system development, sensory systems and regulatory systems that control functions such as breathing and metabolism. "Having a great course is what sells students on neuroscience," Dr. Lewis says.

An unusual aspect of the program is a clinical neuroscience course that complements the strengths of the physician-scientists. "We have all these great clinical people in neurology, radiology, neurosurgery, psychiatry," says Dr. Lewis. (*See A Winning Hand*, page 19) "We wanted our students to take advantage of our clinical settings. They go into a classroom with medical students and learn about all these neurological and psychiatric disorders. If they are interested in epilepsy, they can choose to shadow physicians like neuroradiologist Jay J. Pillai." They can move from research facilities such as MCG's Human Brain Lab to MCG clinical facilities where treatments such as brain tissue removal target tumors and epilepsy. Once the tissue is removed, the students can return to the Human Brain Lab to study the tissue.

The clinical excellence was a major draw for scientists including Dr. Harris and Dr. Sergei Kirov, director of the Human Brain Lab, when they decided to join the MCG faculty. The clinicians—including Neurosurgery Chair Mark Lee, Neurology Chair David Hess and Psychiatry and Health Behavior Chair Peter Buckley—helped design the new program.

Visit www.mcg.edu/neuroscience for more information about MCG's neuroscience graduate program and www.mcg.edu/Institutes/INS/ to learn more about the MCG Institute of Neuroscience.

"A real breakthrough came when Ned Pruitt (MCG neurologist and residency program director for the Department of Neurology) offered to allow graduate students to participate in some of the medical students' rotations. He even offered to help co-direct the clinical neuroscience core course," Dr. Harris says.

Neuroscience students will spend most of the 4.7 years it takes on average to complete a degree working alongside established, funded researchers such as Drs. Lewis, Harris, Brann and Yu. Chris, who has started his second year, says the astrocytes he and fellow student Mark Witcher study today could certainly see him through his thesis and beyond.

"Astrocytes are a hot area in research," he says. "Before, they were thought of as very passive ... but now we are finding out all kinds of things they do to help synapses develop. Mark and I did a paper for our neuroscience class that we are submitting for publication looking at astrocytes' contribution in epilepsy before and after a seizure. I am really excited about where it could go from here."

Toni Baker

Saving Cells After a Stroke

MCG's neuroscience focus is nourished by research findings that continually shed new light on the workings of the brain.

For instance, neuroscientist Darrell Brann is probing estrogen's potential role in reducing stroke damage.

Preliminary data suggest that estrogen and estrogen-like compounds help traumatized cells survive and aid recovery by encouraging certain stem cells to mature into new brain cells, according to Dr. Brann, principal investigator on the $1.7 million five-year grant from the National Institute of Neurological Disorders and Stroke.

The studies target an area surrounding the core of the stroke called the penumbra. "What you have in a stroke is an area deprived of blood flow," says Dr. Brann. "A lot of cells die because they have no nutrients coming in. The penumbra, on the other hand, has some blood flow, but it is quite diminished."

And it's a mixed blessing. While the diminished oxygen levels enable some cells to eke by, they also enable production of free radicals, leftovers of normal metabolic processes that cause cell malfunction and death.

But the oxygen level alone is not to blame. Dr. Brann believes that kinases, enzymes that regulate the activity of proteins by putting phosphates on them, have an important role in the signaling cascade that causes the cells to live or die. "This is a basic mechanism regulating cell signaling and turning off different types of function. We know this process also is involved in cell death related to stroke."

Dr. Brann wants to know how.

"We think free radicals are either turning on some of these kinases or these kinases are inducing the production of free radicals," he says. "We are trying to figure out that link. Our hypothesis is that free radicals are inducing several of the key death kinases."

In a stroke animal model, he's analyzing the activity of known pro-death and pro-life kinases in the brain after a stroke as well as normal levels. And he's looking at whether estrogen and/or estrogen-like compounds can regulate pro-death and pro-life kinases in a beneficial way after injury.

Estrogen and some of its metabolites have been shown in many systems to be a free-radical scavenger. Dr. Brann's preliminary studies support this, showing dramatically reduced levels of toxic superoxide, the major free radical, in stroke models treated with estrogen and tamoxifen before stroke. "We know they can do good things in other parts of the body," says Dr. Brann, "so what can they do to the brain?"

Toni Baker

A Winning Hand

Movement Disorders Program Puts Golfer Back in the Game

Tim Simpson on the PGA Tour

A decade and a half ago, Tim Simpson was on top of the professional golf world. The Atlanta-based Simpson was a champion golfer with four PGA Tour victories who had twice finished in the top 10 on the money list and who had led the PGA Tour in top 10 finishes in 1989 and 1990.

But in 1991, that life ended...

TIM SIMPSON HOLDS GOLF CLUB DURING DEEP BRAIN STIMULATION

While on a hunting trip, Mr. Simpson contracted Lyme disease, but that was only the beginning. The previously strong and healthy Simpson found himself at the mercy of lingering illness, muscle joint stiffness and, worst of all, a tremor that developed in his left hand. To some, it would be considered just a flutter, but for a man who made his living from precise putts and perfect drives, a man who was considered one of the greatest ball strikers in PGA Tour history, the flutter effectively derailed his career.

"I struggled, trying to continue and fight back, taking medications that helped the tremor but left me groggy. The fact that I had no control over my essential tremor and its negative effect on my game nearly drove me crazy. But when I couldn't hit a routine chip shot, at that point, I decided to retire from competition," says Mr. Simpson. Ironically, the tremor usually occurred only while he was playing golf or was stressed or tired.

Still, Mr. Simpson never lost faith that someday, someone would be able to help him return to the game he loved. "A day didn't go by that I didn't miss it," says Mr. Simpson. "My goal has always been to try to come back when I was 50 to play in the Champions Tour. One day, somehow, that was my goal."

That day came when he met Dr. Kapil Sethi, a neurologist who was recommended to him by a friend. A golfer himself, Dr. Sethi understood Mr. Simpson's urgent need to return to the game. And as director of the MCG Movement Disorders Program, Dr. Sethi understood the tremor that was preventing Mr. Simpson from playing golf.

"When we examined Mr. Simpson, we thought we could help him through a relatively new procedure called deep brain stimulation," said Dr. Sethi.

DBS is a surgical treatment used to help control tremor, rigidity, slowness of movement and equilibrium problems associated with movement disorders. During surgery, electrodes are implanted into hyperactive areas of the brain that cause tremor. Wires from the electrodes are then tunneled under the skin of the neck down into a surgically fashioned pocket directly under the collarbone. The wiring is attached to a pulse generator, which is programmed to send targeted stimulation to the brain to help control symptoms.

Dr. Sethi referred Mr. Simpson to Dr. Joseph Smith, a neurosurgeon with the MCG Neuroscience Center, who examined Mr. Simpson and discussed the risks, goals and limitations of surgery. But not before the patient did his own homework on Dr. Smith. "I was told repeatedly by other neurosurgeons that he was the best of the best at DBS surgery," Mr. Simpson says.

Ultimately, he decided to undergo the procedure. "It was a dream come true," he says. "They gave me back the greatest gift of all, the gift of hope. Hope that I could be normal again and let my talent shine."

With his wife, Leigh Anne, by his side, Mr. Simpson arrived at MCG Health System for his surgery last March. He was met by physician assistant Patrick Jenkins and Dr. Smith. After Dr. Smith reviewed Simpson's MRI on the computer planning work station to determine exactly where the electrode should be placed, Mr. Simpson was wheeled to the operating room.

Inside the OR, a hush fell as the team began to place a 14-millimeter bur hole in the patient's skull. Upstairs in the day surgery waiting area,

Mr. Simpson's wife and parents waited, tense but optimistic the surgery would go well.

About an hour into the procedure, Dr. Smith began the careful work of placing recording-stimulating microelectrodes into Mr. Simpson's brain to verify the proper location of the target area as seen on the MRI scan. To ensure correct placement of these electrodes and the final DBS electrode, patients remain semi-conscious during surgery. This allows the neurosurgeon to bring out the tremor on command, and then check how the tremor is controlled when the stimulation is turned on. Mr. Simpson groggily said hello to Dr. Smith and Mr. Jenkins and asked how things were going.

"Tim, let's see if we can get that tremor going," said Dr. Smith. Mr. Simpson had brought one of his own golf clubs, which was now placed in his hand. He held it up. Nothing. The team waited. "During surgery, we try to use triggers selected by the patient to help bring out the tremor," explains Dr. Smith. "That could include a coffee cup or pen. In Tim's case, his tremor was mostly caused when holding a golf club, so that's what we tried first."

Next they tried a Styrofoam coffee cup. Still nothing. Next, Dr. Smith placed a cane in Mr. Simpson's hand. Almost immediately, his hand and arm visibly shivered, then vibrated back and forth in a steady tremor. "There it is," said Dr. Smith. "Let's turn the stimulator on."

Stimulation was applied in varying degrees of intensity until, all at once, the tremor stopped. Mr. Simpson recalls feeling electricity transiently go down his arm and his hand suddenly go still.

"Dr. Smith, as well as Patrick, had told me that during DBS surgery, the moment when the stimulator is turned on tends to be emotional for many patients when they realize that they aren't shaking anymore," says Mr. Simpson. "What I remember was the tremendous excitement in the operating room when the stimulator was turned on and my tremor stopped dead. My hand was solid as a rock. This was something I hadn't experienced in years, and it was amazing."

"Every time we are able to use this treatment to change someone's quality of life for the better, it is an exciting moment," says Dr. Smith. "In this case, seeing Tim's tremor suddenly stop was even more satisfying, knowing that we were providing a chance for him to return to the life and career he loved."

Mr. Simpson remained in the 3 West Neuroscience Unit at MCG Medical Center for several days, then went home to Lake Oconee. Unable to resist the draw of the greens, he was back out working on his short game at his home course, the Harbor Club, in just three days.

"It was unbelievable to be able to go back out there, and not experience any tremor at all," says Mr. Simpson. "I saw it in the hospital and at home, but I had to see it out on the course. When I was practicing out there is when it hit me. The second ball that I pitched from 15 yards went right in the hole, and that is when I started crying. I knew that my prayers had been finally answered.

"Dr. Smith, Dr. Sethi and Patrick have my sincere thanks for their amazing work as well as for their friendships."

While Mr. Simpson continues to return to the MCG Movement Disorders Clinic for regular checkups and further programming on his device to enhance tremor control, he is 100 percent back to his golf career, busy traveling and competing in tournaments, his eye still on his goal of playing on the Champion's Tour in 2006.

"Everywhere I go, there are articles written about my surgery and how I am coming back strong. I told Dr. Smith and Dr. Sethi before my surgery that if they could stop me from shaking, I would make them more famous than they already are," jokes Mr. Simpson. "I plan on fulfilling my end of the bargain. It has been a while since I have won on the PGA Tour, but I assure you, I still know how to win."

Danielle Wong Moores

ORIENTAL VASES, VITAMINS, STEREO SPEAKERS,
CARVED GOURDS, CROCHETED PONCHOS,
GOLDFISH, SHOE INSOLES, PEANUTS,
WORLD WRESTLING FEDERATION ACTION
FIGURES, DENTAL CARE, BAMBOO PLANTS,
THIGH MASTER, RARE STAMPS, ANIMAL-SHAPED
COOKIE JARS, LEATHER OR ALLIGATOR COWBOY BOOTS,
JESUS SAVES TAGS, FUNNEL CAKES,
COCONUTS, CAMOUFLAGE TARPS,
MARTIN LUTHER KING JR. POSTER, KIT OF ASSORTED
CAR FUSES, HAND-PAINTED FURNITURE, OUT-OF-
PRINT BOOKS, 8-TRACKS, FINE CRYLIC
PAPERWEIGHTS, ANIMATED
RODS, JADE BUDDHA, TR
COVERALLS, COTTON CANDY,
BATTERY RED SCOOTERS CO
HOME-GROWN VEGETABLES, ILLUMINATED
MARY STATUE, BUBBLE MACHINE, DALE EARNHARDT
COLLECTOR'S CEREAL BOX, VIDEO GAMES, COPPER
AND JEWELED BIRDBATHS, ANTIQUES, SOCKS

MCG TODAY

Flea-ing the Scene

School of Dentistry Volunteers Tap New Market

On Row G of the Augusta Barnyard Flea Market, next to the colognes and collectibles of 'Granny's Attic', is a clean, sparsely decorated booth where no one is selling anything.

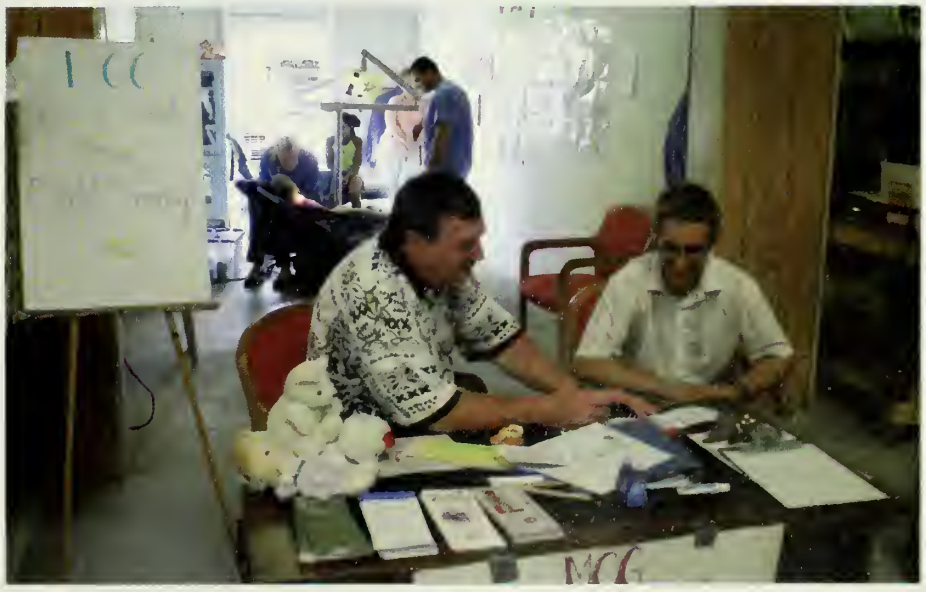
A small sign in Spanish and English informs market patrons that here they can receive something for free–a dental exam.

The flea market—where everything is for sale, and vendors love to haggle and bargain—is an unlikely place to find dental care. When shopping for a vintage album or a custom screen-printed shirt, a dentist seems out of context. Most passersby of the Medical College of Georgia Dental Clinic at the flea market express their surprise with a raised brow or an audible "Huh?"

"A lot of people laugh because it seems out of place," said Dr. John Blalock, assistant professor in the MCG Department of Oral Rehabilitation, who has spent several weekends leading students at the unique clinic site. "Many haven't seen a dentist for quite some time and have questions."

However, the location's high volume of traffic (between 5,000 and 10,000 people per weekend, according to the market's management) makes it ripe for treating a diverse population. That's the main reason Dr. James Barenie went to his colleagues in the MCG School of Dentistry with the idea in January.

"My son told me about this inexpensive leather place out at the flea market, and my wife had said she wanted a leather coat for Christmas," explained the associate dean for academic affairs and advanced education. "I had never been out there before, and right away I noticed the tremendous diversity—Chinese, Pakistani, native American Indians—a very different



Dr. Travis Smith and dental student Jeff Moore work the booth.

population than typically comes into our clinics at MCG. I thought to myself, 'We have a lot of talk about diversity and here's an opportunity for our students to see a group of people that would be totally different.'"

Dr. Barenie presented an idea of a flea market clinic to Dr. Carole Hanes, School of Dentistry associate dean for students, admissions and alumni, as a means to provide oral care to patients not typically seen in the school's clinics on campus. He suggested supplementing dental students' clinical experience with volunteerism at the booth.

"We are always looking for ways for our students to be involved with the community," said Dr. Hanes. "This struck me as a way to take dentistry to the people and approach a whole different group than just the ones coming in our building. The students have a wonderful opportunity to see some things they wouldn't see in just this clinical environment."

After finding tremendous support for the idea among his colleagues, Dr. Barenie approached the Augusta Barnyard Flea Market's management for assistance. As luck would have it, owner Richard Stewart was already on board; his wife was a dental assistant for 25 years and persuaded him to let MCG use the booth for free.

"That space would cost $170 a month if it were being rented," said Chris Bennett, market manager. "But we're happy to help because it's a great thing for the students and for our customers, and it works out really well. We've had people say that it is a good idea and a chance for them to have examinations done at a convenient time. The fact that exams are free also helps a lot."

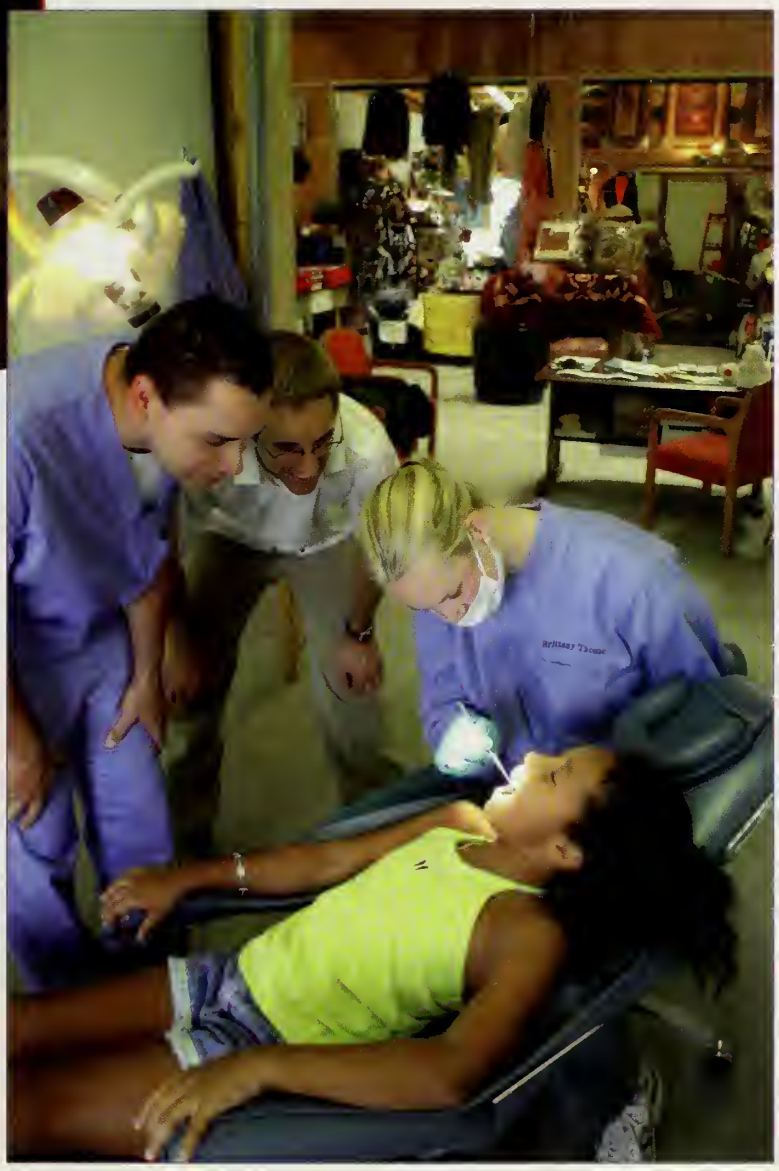
Dr. Barenie got to work bringing the idea to fruition, spending his spare time painting, cleaning and prepping the space for dental exams. Dr. Hanes began scheduling students and faculty willing to volunteer their Saturdays from 10 a.m. to 4 p.m. and Sundays from 12:30 to 4:30 p.m.

Since the first patient was seen in March, MCG dentists and dental students have devoted over 40 hours a month in booth G-10 to promoting oral health. As scheduling permits, a member of each freshman, sophomore, junior and senior class staffs each shift along with a faculty member. So far, they've examined nearly 500 patients and dispensed advice and dental referrals to hundreds more.

Large maps of Richmond and Aiken Counties on the booth walls mark the location of all general and specialty dentists listed in the local phone book. Dental students use the maps to help market patrons find the nearest dental provider to their home.

"The thing these people need most is information, then some encouragement to follow up with care," said Dr. Barenie. "A lot of people have been too afraid to go to the dentist or they have not sought care because of an economic reason. The main thing we do is answer their questions. These students and faculty do a great job of teaching them."

Dr. Barenie noted many positive outcomes have developed from the school's presence at the market. Fellow market vendors have referred family and friends to receive free exams at the MCG booth. Health care professionals who volunteer to treat Medicaid patients have stopped by the booth to discuss ways the dentists can collaborate.



DENTAL STUDENTS LUIS MATOS (FROM LEFT), JEFF MOORE AND BRITTANY THOME-HAYES EXAMINE A PATIENT.

The program recently received a $50,000 grant from GlaxoSmithKline Consumer Healthcare and the American Dental Association Foundation. Of the 178 applications submitted to the Access to Oral Health Care for Older Adults Initiative, the MCG School of Dentistry was among six winners who received a total of $225,000 to help improve older adults' access to oral health care.

The funds will provide supplies for patient care in the flea market clinic and help Drs. Rick Callan and Phil Baker, faculty in the Department of Oral Rehabilitation, develop a program to treat patients in the nearby Georgia War Veterans Nursing Home.

"We're still in the earliest stages of a program with the veterans, but the whole point of this project is to increase the sensitivity of students to providing care for the elderly," said Dr. Hanes. "That will come through the curriculum as well as the clinical experiences."

For Lyndsey Harrell, a rising sophomore from Eastman, Ga., a Saturday shift at the clinic booth was an opportunity to get a head start in patient care off campus. For Jason McGovern, a rising fourth-year student from Willacoochee, Ga., it was a time to serve.

"This helps us get patients to the (dental) school or another dentist for treatment, but it also gives back to the community," said Jason. "This morning, we saw a 5-year-old boy who had bitten the inside of his cheek. His mother was upset because the bed was full of blood. He has hemophilia and he bled a lot. We sent her to a pediatric dentist to see if there is something that can be done to prevent that."

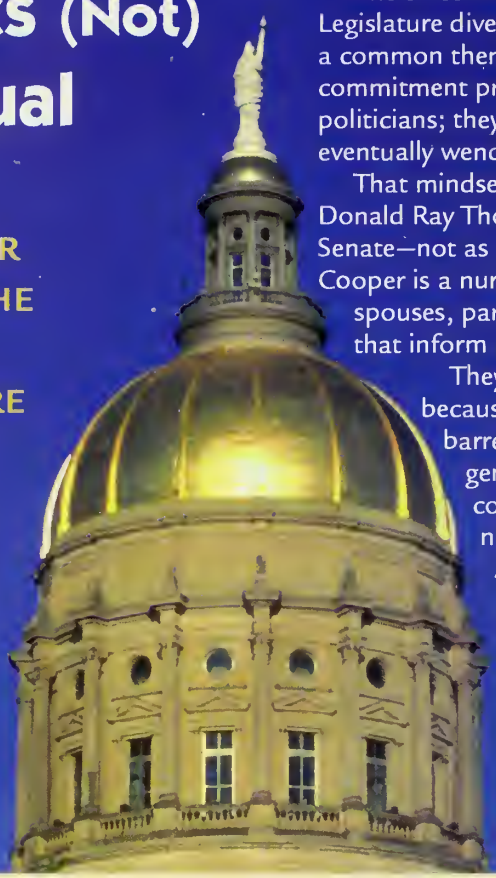
"It's an eye-opening experience for students," said Dr. Blalock, the faculty member working with Jason and Lyndsey. "This morning's case was not something students can see every day in the dental school. The patients they see in the School of Dentistry are all screened and these are not, so students really get a variety of patient interactions."

After visiting the market clinic, Dr. Hanes noted, "There really are a lot of unmet dental needs in this area—more so than I had thought. I'm proud of our students and their willingness to be involved in this and help the community have their dental needs addressed."

Ellen Gladden Jones

Politics (Not) As Usual

3 Alumni Make Their Mark in the Georgia Legislature



The three Medical College of Georgia alumni serving in the Georgia Legislature diverge on some issues, but during interviews for MCG Today, a common theme soon emerged: in all three cases, their passion and commitment preceded their political careers. None set out to be politicians; they all simply followed deeply felt causes along a path that eventually wended its way to the State Capitol.

That mindset seems to permeate their approach to governance. Sen. Donald Ray Thomas considers himself a physician who serves in the Senate—not as a senator with a medical degree. Likewise, Rep. Sharon Cooper is a nurse, and Sen. Greg Goggans an orthodontist. They're also spouses, parents, community members and proud Georgians—roles that inform and inspire every decision they make as lawmakers.

They have something else in common, too. Perhaps precisely because they all slipped in through the back door rather than barreled single-mindedly into a career in government, they all genuinely enjoy politics. Partisan wrangling? Fractious committee meetings? Tedious details and endless negotiations? They take it all in stride.

As Sen. Goggans says, "It's a chance, day in and day out, to help communities with their problems and to help individuals. That's what I enjoy doing."

They also concur that their MCG educations laid the foundation for fulfilling careers that enabled them to maximize their impact on health care, including at a societal level.

Here's a closer look at all three:

Values Taking Root

Perhaps the most telling detail about Sen. Don Thomas is that he still lives on the Dalton, Ga., farm where he was raised. Roots matter to him, and he never felt the need to venture far from home to make his mark in the world.

"I was born at the end of the Depression, and we raised most everything we ate," says Sen. Thomas, who has represented Georgia's District 54 since 1996. "Today, we raise chickens and cows. My middle son is a full-time farmer, and all of my children are here in the area—eight children and 19 grandchildren."

He cherishes the stability and permanency of the lifestyle. As for the hard work? Well, that's a part of life. "The farm is where my values really took root," he says. "I look back and realize the hard work didn't hurt me and in fact helped me."

Sen. Thomas earned his medical degree from MCG in 1959 and began a family practice in Dalton in 1960. He and Emma Jean, his wife of 50 years, raised their children amid a full schedule of farm work and old-fashioned medicine, complete with house calls. But when he was only 36, a heart attack threatened to derail his carefully tended hopes and dreams.

Sen. Thomas survived, then embarked on a fitness routine that, while de rigueur these days, was nothing short of odd in the mid-'60s. He began jogging several miles a day, routinely alarming passers-by who wondered where he was going and what the rush was. But soon, Sen. Thomas' jogging shoes were as familiar to Dalton residents as his black bag, and he became an early role model for taking a proactive approach to wellness. The cause has been a resounding philosophy for him ever since.

It was also around this time that Sen. Thomas served on the Whitfield County School Board, setting the stage for a broader political arena. When a Senate seat opened in 1996, his community urged him to run. "I felt I could help people locally and statewide by getting involved," he says.

He won the election and has spent the past decade distinguishing himself as an astute statesman and utter gentleman. As chair of the Senate Health and Human Services Committee, Sen. Thomas has championed legislation that has,

among other things, made cold medicine used in methamphetamine labs harder to purchase, expanded cervical cancer screening, required that teens pass driver's education and, closest to his heart, banned indoor public smoking statewide.

"That kind of legislation is always controversial, weighing business rights with health issues, but we were able to convince people that the right of children and adults to breathe smoke-free air superceded the desire of smokers to smoke inside."

He continues to run three to five miles a day, and the good nature he brought to the Senate is firmly intact. "You win some battles and you lose some," he says, "and tomorrow's always another day. I just keep on running."

Increasing Contributions Exponentially

Rep. Sharon Cooper laughs that her initiation into politics began with an impetuous visit to her congressman's office.

"I was wearing a blue jean skirt and a teddy bear sweater and I walked into Newt Gingrich's office and said, 'You have to give me something to do to help.'"

The 1990s were in their infancy, and she was alarmed by signs that the decade might mark the dismantling of a health care system that, while flawed, she considered the best in the world.

"That's why everybody in the world wants to come here for health care," she says in rapid-fire tones that punctuate a feisty and determined personality.

Until that spontaneous visit, Rep. Cooper had advocated for health care in the way she knew best: by taking care of patients. She earned a master's degree in nursing from MCG in 1976 and helped run the Marietta, Ga., practice of her physician husband, Tom.

But when then-Congressman Gingrich put her to work as a volunteer, she saw the potential to increase her contributions exponentially. Her first mission was encouraging others to engage in the political process. "I found that even though our friends were highly educated and intelligent, they would balk when I tried to convince them to contact their congressmen. They just didn't understand how the system worked. I told Newt he needed to write a how-to book."

Or, uh ... she could do it. So she did. Building on the skills she had amassed writing two nursing textbooks, she published *"Taxpayers' Tea Party"* in 1994.

"I had been perfectly happy working behind the scenes," she says, but suddenly, she was front and center. When a seat opened for her East Cobb district, she ran as a Republican and won.

Now in her ninth year as a legislator, "I think I've certainly made a contribution to better health care for Georgians, especially in this last year," she says. She now chairs the House Health and Human Services Committee and has pushed for health-related legislation including the public smoking ban and tort reform.

"I also championed the Volunteer in Medicine Act modeled on a Florida bill letting retired doctors and nurses volunteer under special regulations without carrying malpractice insurance so they can treat our most needy citizens," she says. "Last year, needy Floridians received $130 million in free medical care because practitioners didn't have to worry about the threat of a lawsuit hanging over their heads."

She feels such legislation, as well as comprehensive tort reform, is long overdue. "We're losing physicians. They're retiring in their 40s and 50s because of the high cost of malpractice insurance. The hardest-hit specialties are radiology and pathology, so, for instance, women run the risk of not being able to have their mammograms and Pap smears interpreted. I want to continue to help craft legislation that promotes good health care and better access for the citizens of Georgia."

She also strengthened the state's stalking law and serves on the president's national committee battling violence against women.

She amiably admits that her job has become easier since the GOP assumed majority status last year. "It's a whole lot nicer being in the majority," she says. "I'm really enjoying public service."

Serving on a Bigger Scale

Having almost completed his first year as a senator for Georgia's District Seven, Greg Goggans feels a profound sense of purpose.

"It was a humbling experience to lay my hand on the Holy Bible and recite the Oath of Office," says Sen. Goggans, a 1984 graduate of the MCG School of Dentistry who practiced orthodontics in Douglas, Ga., before opting to represent his district full time. "The people of the Seventh District entrusted me to faithfully represent them when they elected me in November. I pledged not to break that trust and to honorably serve and represent the interests of south Georgia."

He wasted no time, being named secretary of the Senate Health and Human Services Committee and a member of the Agriculture, Finance and Transportation Committees. He also is communications director for the Georgia Sportsmen's Caucus. Sen. Goggans was appointed to serve on two study committees (Agriculture Education and the State Health Benefit Plan Prior Approval and Preferred Drug List Formulary) and was chosen to represent the Senate at the Southern Leadership Conference on Health Care and Public Safety.

Just recently, Sen. Goggans was appointed to the Senate Appropriations Committee and will chair the Appropriations Subcommittee for the Department of Community Health, which oversees Georgia's funding for Medicaid, PeachCare and the State HealthCare Benefit Plan.

"This is the first time in recent history that a freshman senator has been appointed to chair a budget subcommittee," says Senate Majority Leader Tommie Williams. "Sen. Goggans has demonstrated his leadership through hard work. This appointment is significant because he will be responsible for approximately one-quarter of funds in the state's annual budget."

"I am thrilled that the Senate leadership chose to place me on these committees," Sen. Goggans says. "The issues addressed by these committees are extremely important to our area."

Sen. Goggans has been goal-oriented all his life, a characteristic that complemented his career choice. "Orthodontists get a chance to see before-and-after outcomes of improving people's smiles and confidence," he says. "You get the sense that you're really making a difference in people's lives."

He and wife Jane enjoyed raising their four children in a small town and easily envisioned maintaining their lifestyle for decades to come. But when new district lines were drawn and Sen. Williams asked him to consider running, he found the offer intriguing. "I'd never been involved in politics, but I spent years trying to improve my community," he says. "I didn't know what to expect, but I liked the idea of serving on a bigger scale and trying to help more communities."

Issues particularly close to his heart include tort reform and Medicaid reform. "Our Medicaid rolls in Georgia are growing at 14 percent," he says. "The program is unsustainable if the growth continues, so we're looking for innovative ways to try to continue to provide health care for all citizens. It's very challenging."

Regarding the health care system in general, Sen. Goggans says, "I see us hopefully being able to correct the problems and continue to provide the best health care in the world."

He is eminently grateful to his family for supporting his midlife career change. "My family is very supportive," he says. "They know I've always helped people and that's been part of my life. They understand this is just an extension of that ... an opportunity to help more people in more communities."

Christine Hurley Deriso

SEN. GREG GOGGANS WITH WIFE JANE AND CHILDREN

Dr. Geraldine Rinker

'Good Students Are a Joy to Teach'

Since retiring from MCG in 2000, Dr. Geraldine Rinker enjoys exploring tax records, census data and Web sites in search of her ancestors.

"It's interesting how these things kind of dovetail and you use the skills you learn in one field in another," says the Professor Emerita in the Department of Medical Technology. "In genealogy work, I use the attention to detail and the research skills I got from earning my doctorate in education from the University of Georgia. Having to write that dissertation and document everything trained me well."

Largely through e-mail connections, Dr. Rinker has traced her father's family back to the late 1700s and her mother's to around 1830.

That family history includes four generations of health care workers, many with MCG degrees. Her father, Dr. John Robert Rinker, was chief of urology at MCG from 1943-72.

Geraldine Rinker earned a bachelor's in bacteriology from the University of Kentucky. After working at University Hospital for four years, she joined the MCG staff in 1963, working in the hospital microbiology lab and earning a master's degree in medical microbiology and public health from MCG. She was named to the Department of Medical Technology faculty in 1967.

From 1970 to her retirement, she served as the administrative technologist in the hospital laboratory at MCG, earning a master's degree in business administration along the way.

She's held fast to the roles of teacher and learner, even in retirement. She is a docent for the Morris Museum of Art and volunteers with the Women Artists Research Committee.

DR. GERALDINE RINKER

As a member of MCG's Milton Antony Guild, Dr. Rinker's legacy as an educator will endure for future generations. "I've spent a good part of my life associated with MCG, and I'd like to see MCG recruit and retain top students," she says. "Good students are a joy to teach, so my gift will support scholarships for outstanding students."

Ellen Gladden Jones

For more information about the Milton Antony Guild, contact Tony Duva at 800-869-1113 or aduva@mcg.edu

Gifts of Life Insurance Can Benefit MCG

Scott M. Fitzgerald, CFP®, partner and owner of Strategic Financial Management, LLC in Augusta, contributed to the information in this article.

In 2003, Americans gave almost $241 billion to charities, according to a study by Giving USA Foundation. This amounts to more than 2 percent of the gross domestic product, the nation's economic output.*

As generous as individuals might be, most also want to ensure a financial legacy for their loved ones. Rather than choosing between giving to the Medical College of Georgia or leaving assets to loved ones, many people choose both with the help of life insurance.

Beneficiaries and owners

The simplest way to use life insurance to benefit MCG is to buy a policy naming MCG the beneficiary or change your beneficiary on an existing policy to MCG. This will not deplete assets you intend to bequeath to loved ones. If you want to keep your assets or your spouse's ability to draw on the policy's cash reserves intact, you might consider buying a survivorship life policy. Because this type of life insurance offers a death benefit only upon the survivor's death, it can be more cost-efficient and ensure that a surviving spouse has some access to cash value after the death of the spouse.

While these uses of life insurance don't transfer ownership of the policy, doing so may help you net a charitable income tax deduction. The gift must be permanent and the former owner of the policy will not have access to any cash value in the policy. (Unpaid loans and withdrawals reduce the cash value and death benefit, and may change their tax treatment.) If you continue to pay premiums for the policy after transferring ownership, you may also be able to deduct these premiums for federal income tax purposes. This method gives MCG the flexibility to tap the policy's cash value or cash in the policy when current income needs exceed future needs.

Life insurance in your estate

Buying a life insurance policy equal to the amount of other assets you give to MCG, then naming loved ones as beneficiaries of the policy, can efficiently help replace assets donated to MCG. Proceeds of the policy are generally free of federal income taxes, although they may trigger federal estate taxes. You can help mitigate life insurance's effect on federal estate taxes by using an irrevocable trust, one that is properly structured and administered, in combination with life insurance. You can transfer ownership of a life insurance policy to the trust, although if the insured dies within three years of transfer, the benefits are still included in the estate. Or you might consider giving cash to the trust, which would then buy a life insurance policy.

Giving to MCG can be rewarding without subtracting from assets intended for loved ones. However, before using any estate planning techniques to benefit MCG, please consult your estate planning attorney and/or a certified financial planning professional.

*_Giving USA 2004_, a publication of Giving USA Foundation, was researched and written by the Center on Philanthropy at Indiana University. Estimates based on original surveys of organizations and econometric studies using tax data, government estimates for economic indicators and information from other research institutions.

Options for Remembering MCG in Your Will

- A bequest of a fixed dollar amount.
- A percentage of your estate, allowing you to keep the division of the estate residue in desired proportions regardless of its size.
- A contingent gift in which funds go to MCG if a designated beneficiary predeceases you.
- A trust that pays income to a designated individual for life, with the remaining principal to be given to MCG thereafter.
- A gift in memory/honor of yourself, your family or a person you have loved or admired.

If you plan to give to MCG through your will, please contact Tony Duva at 800-869-1113 or aduva@mcg.edu.

INFORMATION IN THIS ARTICLE IS NOT INTENDED AS LEGAL ADVICE. FOR LEGAL ADVICE, PLEASE CONSULT AN ATTORNEY. TAX LAWS ARE SUBJECT TO CHANGE.

Medical College of Georgia
AlliedHealth NEWS
Fall 2005

Dean Cites Unprecedented Growth

DEAN SHELLEY MISHOE CITES 20 PERCENT ENROLLMENT INCREASE AND OTHER ACHIEVEMENTS.

The School of Allied Health Sciences is undergoing a period of unprecedented growth and opportunity, according to Dean Shelley Mishoe.

"Our enrollment has grown 20 percent since 2002, and we continue to have the largest number of MCG graduates each year," said Dr. Mishoe during her State of the School Address July 13. "This is truly a remarkable feat when you consider that allied health faculty are approximately 8 percent of MCG faculty."

New degree programs include a master of public health program in health informatics, a doctorate in physical therapy and an Internet-based program in medical technology. Master's degree programs are in development for the physician assistant, biomedical technology, dental hygiene and respiratory therapy departments. Also proposed are doctoral programs in rehabilitation sciences and occupational therapy.

Dr. Mishoe discussed the school's strategic plan to recruit and retain faculty, staff and students; enhance faculty and staff development; expand research; generate revenue and achieve a national reputation. She lauded the success of two recent projects—the school's first magazine and video, which received a Silver Telly Award.

She praised the teamwork of faculty and staff in managing accreditation processes for more than 15 programs while continuing their dedication to meeting students' needs. The school's consistently high graduation rates and 100 percent pass rates on certification exams are testaments to their efforts, she said.

Class Raises Money for Challenge

The physical therapy class of 2005 recently raised $2,000 for the Pittsburgh-Marquette Challenge, a student-led grassroots fundraising program coordinated by physical therapy students.

"We raised the money by organizing raffle drawings for the past couple of years and included prizes from businesses around the Augusta area," said class member Carson Pass, who coordinated the fundraisers. "We also recently had a purse party where a portion of the sales went toward the challenge, and we hosted an event with classmate Tim Miller singing and playing the guitar, then donating the money collected at the door."

Challenge donations fund a grant for physical therapists to conduct a one-year scientific and clinical research project to evaluate the effectiveness of physical therapy interventions.

"This is the first year that MCG has participated in the challenge," said Ms. Pass, who will graduate in December and plans to pursue a career in physical therapy specializing in pediatrics.

"We're very proud of the initiative of this class," said Dr. Douglas Keskula, chair of the Department of Physical Therapy in the MCG School of Allied Health Sciences. "These students are obviously deeply committed to advancing their discipline."

Dr. Guion Named Fellow

Dr. W. Kent Guion

Dr. W. Kent Guion, associate dean for academic affairs in the School of Allied Health Sciences, has been named an inaugural fellow in a program designed to optimize educators' cultural competency.

The Health Research and Education Trust Cultural Competence Leadership Fellowship was created by the Health Research and Education Trust and Health Forum in partnership with the Institute for Diversity in Health Management, the National Center for Healthcare Leadership and the American Hospital Association.

Fellows will participate in online computer conferences, attend leadership meetings in conjunction with the Health Forum Leadership Summit and implement a cultural competency project. Dr. Guion's proposed project is a cultural competency Web-based toolbox. He also received a scholarship to help defray the costs associated with participation.

"What a great opportunity to be selected as one of the inaugural fellows in what should be a transformative and intellectually stimulating experience," said Dr. Guion. "I'm sure I will benefit greatly from the interaction with other fellows and the learning experiences."

"The goal of the fellowship fit with our strategic vision and parallels the type of activities our school encourages," said Dr. Shelley Mishoe, dean of the School of Allied Health Sciences. "I believe this opportunity is timely not only for our school but for society as a whole."

School Announces New Appointments

Melissa Walker, an accounting project coordinator in the School of Allied Health Sciences, has been named director of the school's business operations and Allied Health Practice Group, Inc. An MCG employee for 19 years, Ms. Walker has overseen the school's annual budget for the past five years. In her new role, Ms. Walker will assist Dean Shelley Mishoe with additional budget and operational needs including the new practice plan and the Center for Health Promotion and Rehabilitation.

Amanda Carroll-Barefield, assistant professor of health informatics, has been named program director for the undergraduate and certificate programs in the Department of Health Informatics. The department offers an applied informatics degree in health information administration. This degree prepares graduates for informatics-related roles in health care. These programs include a bachelor of science degree and a post-baccalaureate certificate in health information administration. Both programs are offered on campus and online. Ms. Carroll-Barefield's responsibilities will include oversight of accreditation standards and curricular updates. Ms. Carroll-Barefield earned a bachelor's degree in health information management from MCG and a master's degree in administration from Central Michigan State University. She is completing doctoral work in instructional technology and distance education from Nova Southeastern University.

Pamela B. Witter, formerly executive director for the Walton Foundation for Independence Inc., has been named director of development for the School of Allied Health Sciences. She succeeds Gia Johnson, who has been named MCG's associate director of alumni affairs. Ms. Witter earned a bachelor's degree in business administration and marketing from Winthrop University. She earned paralegal certification from Augusta State University and a certificate of excellence in nonprofit leadership and management from the University of Wisconsin and the Learning Institute for Nonprofit Organizations through the Georgia Center for Nonprofits.

Ship-Shape

Lt. David Bachand (Department of Physician Assistant Class of 1994, left) and Lt. Junior Grade Jon Randall (Department of Physician Assistant Class of 2001) are serving our country abroad in the U.S. Navy aboard the USS Enterprise.

Graduate Helps Train Olympians

Andy Eberheart, a 2005 graduate of the Department of Physician Assistant, spent part of his summer helping Olympic athletes train.

Mr. Eberheart, who worked as an athletic trainer before earning his MCG degree, volunteered in the Division of Sports Medicine at the U.S. Olympic Training Center in Colorado Springs, Colo. "I spent two weeks providing medical care to the U.S. National Teams in residence at that time," said Mr. Eberheart.

He worked with teams in weightlifting, gymnastics and rhythmic gymnastics, judo, taekwondo, volleyball, speed-skating, pentathlon, triathlon, shooting, wrestling, cycling and fencing.

"It's a huge accomplishment that he was selected," said Sara Reffett, an instructor in the Department of Physician Assistant. "Hundreds, if not thousands, of athletic trainers compete for these positions."

Sports Guidelines Stress Prevention

Dr. Michael F. Bergeron

Progressively increasing practice time and intensity and ensuring that football players are replacing lost fluids during training are two ways to significantly reduce the risk of heat stress and injury during preseason practice, a recent expert panel convened by the American College of Sports Medicine found.

Coaches also should allow enough recovery between practices and gradually introduce parts of the uniform, experts say.

Most high school and younger players are already fighting a losing battle when they show up to practice, says Dr. Michael F. Bergeron, panel co-chair and assistant professor of physical therapy at the Medical College of Georgia. The panel's full statement and recommendations are published in the August issue of Medicine & Science in Sports & Exercise.

"What we've found is that most players typically begin practice dehydrated – pretty significantly dehydrated," Dr. Bergeron says. "Young players generally just don't drink enough, especially following extensive exercise or training in the heat."

Surprisingly, though, hydration isn't the most important aspect of preventing heat-related injuries. Players are often simply not acclimated to the environment, the intensity of practice and the uniform, he says.

"What coaches and staff need to recognize and appreciate is that the athletes are not coming into the preseason as well-conditioned as they might hope," Dr. Bergeron says. "High school kids are going to be less fit and not only are they not accustomed to the physical exertion that workouts require, they're not really acclimatized to the heat and working out in that environment, especially while wearing a uniform and protective gear."

To help protect ill-prepared players, coaches should introduce a training schedule that progresses slowly and eliminate heavy uniforms during hot weather. Other suggestions include requiring a preseason exam to determine what medications and dietary supplements athletes are using and to rule out undiagnosed heart problems and other genetic risk factors.

Medical College of Georgia
DentistryNEWS
Fall 2005

Dr. Frank Caughman

Program Optimizes Clinical Experience and Patient-Centered Care

The School of Dentistry has created a Comprehensive Care Program to optimize the patient care delivered by students as part of their training.

Junior and senior dental students treat patients, supervised by faculty members, in the School of Dentistry building to supplement practice of their skills and serve the community. The new program will centralize the service through the school's general dentistry clinics.

"The school has always offered comprehensive care to our patients, but the care was managed and delivered in specialty clinics supervised by specialists," said Dr. Frank Caughman, associate dean of patient services in the School of Dentistry.

In the new system, which will be fully implemented next summer, the students will be supervised by experienced generalists. This system will optimize continuity of care and preclude the existing problem of student dentists occasionally struggling to arrange appointments in specific clinics, Dr. Caughman said.

"We envision a system where the senior class will be divided into two teams with patients assigned to both the student and the team," Dr. Caughman said. "The faculty for each team will be consistent throughout the year, so faculty will have a more active role in each patient's treatment, which should lead to more efficient patient-centered care."

Each team will be housed in its own clinical area, and staff will be available to help schedule patient appointments, eliminating the existing concern of chair availability. Specialists will be available for consultation and treatment supervision when patients are referred from the general dentistry clinic.

"This type of practice mirrors what takes place in private practice, so it should better prepare our seniors for dental practice," Dr. Caughman said.

The program emerged, he explained, when MCG School of Dentistry Dean Connie Drisko charged him with creating a system that better reflects the school's commitment to excellent clinical training and public service.

"My charge was to design a clinical program that builds on our strengths and makes the overall clinical experience better for both students and patients," Dr. Caughman said. "Over the past year, Dr. Rick Callan (assistant professor of oral rehabilitation) has worked closely with me, borrowing ideas from other schools, bringing in consultants and seeking faculty input to create a program that is unique for MCG."

For more information or to schedule an appointment, call 706-721-2371.

Green Tea Linked to Protective Role in Autoimmune Disease

Green tea seems to help protect the body from autoimmune disorders, according to a Medical College of Georgia oral biologist.

Dr. Stephen Hsu, a researcher in the MCG School of Dentistry, has amassed a large bank of research helping document green tea's health benefits in everything from oral cancer to wrinkles. The benefits spring from compounds in green tea called polyphenols, which help eliminate DNA-damaging free radicals. As an added benefit, a green tea-induced protein called p57 protects healthy cells as polyphenols target cancer cells for destruction.

Dr. Hsu's most recent findings, which he presented June 17-20 in Atlanta at the Arthritis Foundation's fifth biennial Arthritis Research Conference, target autoimmune diseases. These diseases, such as type 1 diabetes, rheumatoid arthritis, lupus and Sjogren's disease, inexplicably prime the body's immune system to attack its own tissues, with often disabling and even life-threatening consequences. Adverse effects often accompany autoimmune disease treatment, which mainly focuses on the immune system.

One autoimmune disorder—the immune system's destruction of glandular cells—causes dry mouth, or xerostamia. Dry mouth occurs in about 30 percent of elderly Americans, but only in 1 percent to 2 percent of Chinese seniors. It is one of many health disparities that Dr. Hsu suspected was linked to Asians' frequent consumption of green tea.

Dr. Hsu is probing green tea's role in producing autoantigens. Autoantigens are normal molecules in the body with useful functions, but changes in their amount or location can trigger an immune response. "I wanted to know how green tea polyphenols affect the production of autoantigens," Dr. Hsu said.

He suspected a link because a polyphenol called EGCG is known to suppress inflammation, which results when the immune system mounts a defense to a real or perceived enemy. "If EGCG suppresses inflammation, it should affect the magnitude of the autoimmune response, possibly by suppressing autoantigens," Dr. Hsu said.

To test the theory, Dr. Hsu studied cells in salivary glands and skin tissue. Cells exposed to green tea showed RNA and protein levels indicating autoantigen levels were suppressed in these normal cells, but not in tumor cells. "We were so shocked," Dr. Hsu said of the finding that further highlighted green tea's role in attacking tumor cells while protecting healthy cells.

And because of the low levels of autoantigens in healthy cells, "the immune system now has considerably fewer targets to potentially attack," greatly reducing the risk of autoimmune disease, Dr. Hsu said.

Dr. Hsu has extended his studies to animal models. He is studying two sets of mice, both programmed to develop autoimmune disease. He is observing one set as the disease follows its natural course. "This model should develop diabetes, dry mouth and dry eyes within 12 to 30 weeks, then die quickly," Dr. Hsu said.

The other set began drinking green tea at age 3 weeks, immediately after weaning. He is anxious to determine whether green tea delays the onset of autoimmune disease or otherwise affects its course.

Dr. Stephen Hsu

Dr. Hsu, who has helped incorporate green tea polyphenols into everyday products such as gum and skin cream, hopes his latest research will ultimately yield a wealth of findings that can help scientists better understand and treat autoimmune disease.

New Director Draws on Military Expertise

Dr. Henry W. "Butch" Ferguson has retired from the Army, but the work he did there continues.

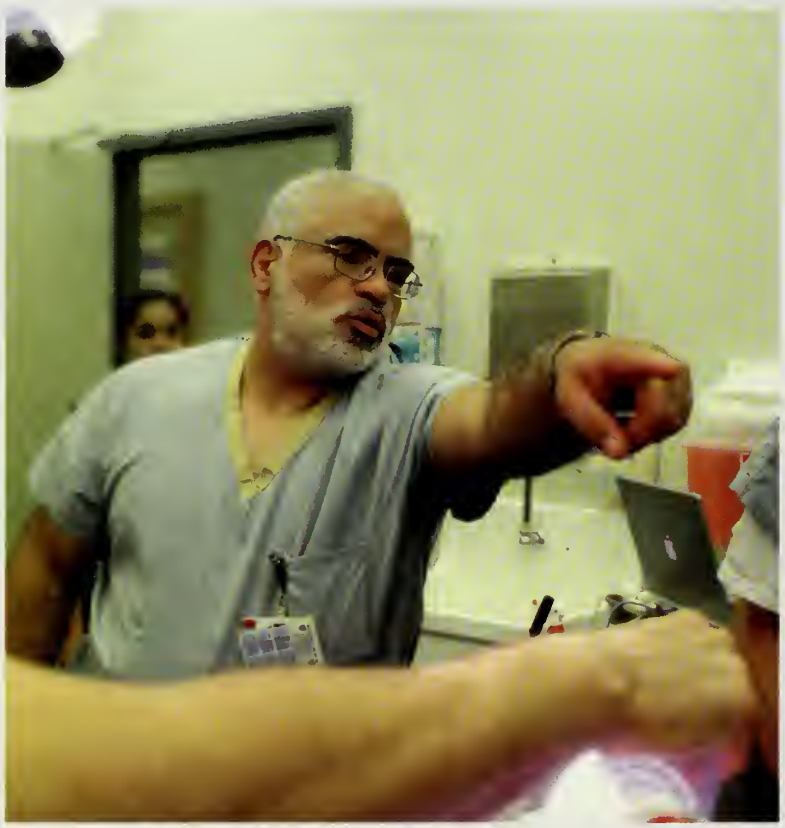
"There is really no more rewarding a gesture than for somebody to call you from some part of the world who has just received a soldier badly injured in conflict and tell you, 'I am really glad you taught us how to do this,'" said Dr. Ferguson, the new director of the graduate training program in oral and maxillofacial surgery and interim chair of the department.

"I get calls and e-mails like this from my previous residents. They want to talk about cases. If they did not care about me and did not value my advice, they wouldn't be calling," said Dr. Ferguson, who joined the School of Dentistry faculty in April 2004 after retiring from a 24-year career in the U.S. Army.

He has taught in training programs at Eisenhower Army Medical Center, William Beaumont Army Medical Center, Ireland Army Community Hospital and the University of Louisville School of Dentistry, igniting professional passion and compassion in future oral surgeons along the way.

"In reality, for those we teach, nurture and mentor, there will be a little piece of us in each of them as they complete training," said Dr. Ferguson. "You know in your heart that as they graduate, pass written and oral boards, and mature into poised and caring providers, you had a great part in making that happen."

"Now, did you do anything else to them? Did you help them to be better people, to develop better personal skills, to be more empathetic, to learn how to talk to families about difficult decisions? Some of the smartest providers lack those skills," said Dr. Ferguson, who wants to ensure that MCG's oral and maxillofacial residents are missing nothing. The work he loves—rebuilding faces destroyed by war or stateside trauma or malformed from birth—requires nothing less.



Dr. "Butch" Ferguson has high standards for training oral and maxillofacial surgeons.

"We do procedures where we manipulate facial bones to restore form, symmetry and function," said Dr. Ferguson. He shares an image of a man's face shattered by a bullet that he helped put back together. Another shows grossly mal-posed teeth, known as "kissing molars," that must be surgically moved before an orthodontist can begin to work. Another patient needs adequate jawbone restored with bone grafts before Dr. Ferguson can put in implants to secure new teeth, improve function and help avoid future bone loss.

In combat zones, the responsibilities of oral and maxillofacial surgeons are even more diverse.

"In the Army, an oral and maxillofacial surgeon is one of the most diversified members of the surgical team because of our many skill sets," said Dr. Ferguson. "In addition to working within our own area of expertise, we can support other members of the surgical team. As an example, if someone comes in with an open cranial fracture, once the neurosurgeons repair the brain,

we put the bones back together and sew them up so the neurosurgeons can go on to the next patient."

Oral and maxillofacial surgeons complete four to six months of training in anesthesia, another source of vital expertise when treating both soldiers and civilians. "We are seeing people who are sick, young, old.... Advanced anesthesia skills help us to treat these patients safely."

The 48-month curriculum of oral surgeons includes rotations in neurosurgery, general surgery, internal medicine, otolaryngology and trauma where they learn and work alongside medical school graduates. That training is terrific preparation for the life they will lead. For instance, the department provides facial trauma coverage for the MCG Trauma Center 10 days a month.

"Working together makes you stronger," said Dr. Ferguson. "We have a nice blending."

In addition to increasing multidisciplinary collaboration, Dr. Ferguson plans to add more faculty to the department and to graduate two rather than one residents a year. Their education is his highest priority

"I realize I can't teach them everything they need to know," he said. "But I can give them a broad enough fund of knowledge to develop as surgeons and do their work safely and consistently."

Dr. Haywood Named Director of Continuing Education

Dr. Van B. Haywood, professor in the Department of Oral Rehabilitation, has been named director of continuing education for the School of Dentistry.

"Van is an internationally known clinical researcher, teacher, clinician and speaker who brings exceptional leadership and expertise to the continuing education programs offered by MCG," says Dr. Connie Drisko, dean of the MCG School of Dentistry. "He is planning exciting new programs to expand the solid lineup of offerings we provide our dental colleagues each year across the state."

"As part of our mission as the state's only dental school, we want to provide a comprehensive continuing education program that meets the needs of general practitioners and specialists throughout Georgia," says Dr. Haywood.

"We want our faculty and the teaching and research facilities on our campus to be a hub for hands-on programs in areas such as intravenous sedation, implant restoration and restorative dentistry. One new course for this academic year is *CE with the Masters* April 4-7, 2006, featuring four days of morning hands-on classes on topics such as bleaching, digital photography, dental materials bonding and principles of layering color into composite restorations.

"We also want to continue our family-friendly gatherings at Georgia's resort locations that make experts available in a more casual setting," he says. "And, we want to continue our strong partnerships with groups such as the Hinman Dental Society to provide important regional programs such as the *Annual Hinman/MCG Fellowship Esthetic Symposium: Georgia Partners in Dental Education*."

Another goal is to better communicate the offerings, including expanded course information on the MCG Web site at http://www.mcg.edu/ce/dental.html as well as direct electronic notification of upcoming courses. To register for direct notification, contact Jason Norton, office specialist, at jnorton@mcg.edu or call the MCG Division of Continuing Education at 706-721-3967 or 1-800-221-6437.

Dr. Haywood is a 1974 graduate of the MCG School of Dentistry and joined the faculty in 1993. He is a pioneer in the area of cosmetic bleaching who co-authored the first paper published on at-home bleaching as well as the first paper looking at its extended use to whiten tetracycline-stained teeth.

He is associate editor of the Journal of the American Dental Association and a member of the editorial board of the Journal of Esthetic Dentistry, Journal of Operative Dentistry, Contemporary Esthetics and Restorative Practice and Quintessence International.

Medical College of Georgia
GraduateStudiesNEWS
Fall 2005

Biostatistics Department Has Your Number

■ An estimated 64 percent of U.S. adults are overweight.
■ Smokers take 25 percent more sick days a year than non-smokers.
■ Hispanics are at increased risk of type 2 diabetes.

More than just handy bits of data, these statistics are the result of intricate study design, data collection and statistical analyses by professionals in a little-known field called biostatistics.

Partnering with clinical and biomedical researchers, biostatisticians help provide information on topics such as pharmaceutical safety, genetic risk factors for complex diseases and trends in health behaviors associated with cancer, diabetes and heart disease. Their work is crucial to translating and applying research findings, yet there aren't enough of them to meet the growing demand, said Dr. Varghese George, chair of MCG's new Department of Biostatistics.

"Many people have a mental block on mathematical subjects, which is one of the reasons for the shortage of people entering this field," said Dr. George. "Even [many people] getting into mathematical majors don't get into biostatistics because they are not exposed to the connection between math, biology and biomedical research during their undergraduate or graduate training."

To help address a critical shortage of these professionals in academia, industry and public health, MCG is creating a graduate program to offer master's and doctoral degrees in biostatistics. The master's program is slated to begin in fall 2006 and the doctoral program will be under way in three to four years, making MCG one of some 50 programs in the country and one of two in Georgia offering graduate biostatistics degrees.

Dr. Varghese George

The number of students accepted for the program will vary depending on the availability of funds for fellowships and stipends and the number of qualified faculty available to mentor. Dr. George hopes to start with five master's students next year.

"Building a critical mass of faculty with strong biomedical and methodological research is already under way," he said. "We have five full-time faculty and hope to recruit three more soon with a total goal of a 12-15 within three years."

He and other faculty members plan trips this fall to math and science departments on campuses statewide to help interest students in the field.

"It's a very rewarding profession and a reasonably well-paid and stable field, in terms of the job market," said Dr. George. "The job market is always in great demand."

The department's consulting resources are available to all MCG faculty. Formerly the Office of Biostatistics, his department continues to help faculty design, analyze and interpret clinical research studies. He hopes to work with the Office of Clinical Investigative Services to expand awareness of the resources and services available. Dr. George says faculty should contact the Biostatistics Consulting Center during the earliest stages of a research proposal. More information on the BCC is available at www.mcg.edu/research/biostat/bcc.html.

For more information, contact Dr. George at ext. 1-3785, or vgeorge@mcg.edu.

Student Inspired by Nobel Laureates

After spending five days with experts in quantum chromodynamics and macromolecules, Vanessa Bundy returned to her tasks as a graduate student this fall with a new perspective.

"I think the most important thing I learned is persistence," said the Medical College of Georgia student who spent a week this summer with Nobel Laureates in chemistry, physics and medicine. "Don't give up on something just because the first several experiments don't work."

During the 55th Lindau Meeting of Nobel Laureates and Students, Vanessa was one of 60 American doctoral students who attended lectures and informal sessions with laureates. "I learned to take every possible approach to find a good answer to the questions that I have," she said. "Some of the Nobel Prize winners worked their whole lives to make advances in their fields."

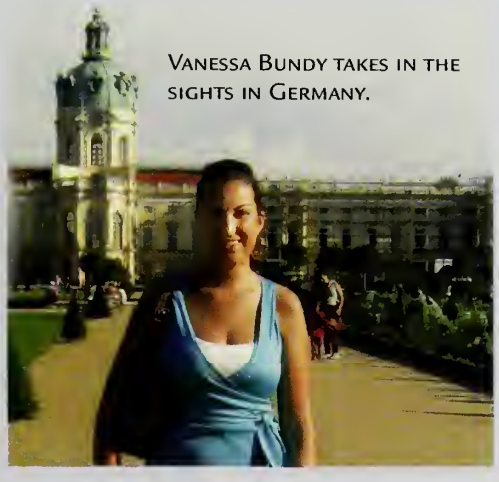
As one of 10 students in the nation selected by Oak Ridge Associated Universities, Vanessa met with students sponsored by the U.S. Department of Energy and the National Science Foundation in Washington, D.C., on June 25 before traveling to Lindau, Germany for the meeting. In the picturesque city just north of the Swiss Alps, several hundred students worldwide joined the American delegation.

"Meeting with students from around the world was amazing," she said. "I made a lot of friends that I will have for the rest of my life and can possibly collaborate with in my career."

Vanessa enjoyed the lectures and roundtable discussions, but her favorite parts of the week were casual discussions providing insight into scientists "as real people. We gained a better understanding of what they did in their careers to be successful, but we also saw that when you are successful, you can still have lives, families and extracurricular activities."

She found Dr. David Gross, recipient of the 2004 Nobel Prize in physics, to be particularly inspirational, although his expertise is not in her field. With mentor Dr. Paule Barbeau in the Georgia Prevention Institute, Vanessa is focusing her studies on children and inflammatory factors released by fat that are associated with cardiovascular disease, high blood pressure and type 2 diabetes.

"I really enjoyed that this meeting was interdisciplinary and we were able to interact with chemists, physicists and biologists. Dr. Gross was very impressive to me because he is still very active in his lab and making great strides in physics," she said. A native of San Luis Obispo, Calif., Vanessa earned an undergraduate degree in biology with honors in neuroscience from Oglethorpe University in Atlanta. She worked as a research assistant in biomedical engineering at the Georgia Institute of Technology and in neurology at Emory University before entering MCG's graduate school in 2003. At MCG, she is president of the Graduate Student Organization and a member of the Student Judicial and Constitutional Review Committees. She plans to complete her doctorate in May 2007.



VANESSA BUNDY TAKES IN THE SIGHTS IN GERMANY.

Dr. Mahesh Honored by Reproduction Society

DR. VIRENDRA B. MAHESH

Dr. Virendra B. Mahesh, Chair and Regents Professor Emeritus of the Department of Physiology and Endocrinology, has received the 2005 Society for the Study of Reproduction Distinguished Service Award.

He was editor-in-chief of the society's journal, *Biology of Reproduction*, from 1999-2004 and remains a consulting editor. Dr. Mahesh established an endowment for a neuroendocrinology program at the society's annual meeting and contributed to the Legacy Fund that supports publications and the New Investigator Award. He received the society's 1996 Carl Hartman Award for lifelong contributions to the teaching, research and career development of young scientists.

Dr. Mahesh is a member of the Board of Directors of the Federation of American Societies for Experimental Biology, which consists of 22 scientific societies and more than 65,000 members. He received the 2001 International Biographical Centre Lifetime Achievement Award for his contributions to reproductive biology and was selected that year as a laureate by the Research and Advisory Board of International Biographical Centre, based in Cambridge, England, which publishes *Who's Who* publications, biographies and portraits.

Dr. Mahesh joined the MCG faculty in 1959 and helped establish a Ph.D. program in endocrinology in 1965. He chaired the Department of Physiology and Endocrinology from 1972-99 and continues to contribute to research and education.

Medical College of Georgia
MedicineNEWS
Fall 2005

International Study Seeks to Prevent Heart Bypass Hazards

The heart-lung bypass machine that stills the heart while surgeons bypass clogged arteries or repair a malformed heart can also trigger a potentially deadly inflammatory response.

Medical College of Georgia surgeons are participating in an international study of a drug that may block the most deadly of these responses during coronary bypass surgery.

"Blood is a very complex fluid with many components," says Dr. Kevin P. Landolfo, chief of the MCG Section of Cardiothoracic Surgery. Like the heart, three to six liters of blood run through the heart-lung bypass machine per minute, which means total blood volume goes through the machine many times in the hours it takes to perform bypass surgery. "It's a massive physiologic insult, so our body comes alive with an inflammatory response to (blood) circulating through this unit."

The response helps prevent infection, but it can cause blood clots that lead to serious complications—including lung or kidney injury, a heart attack or stroke—in 7 percent to 10 percent of patients.

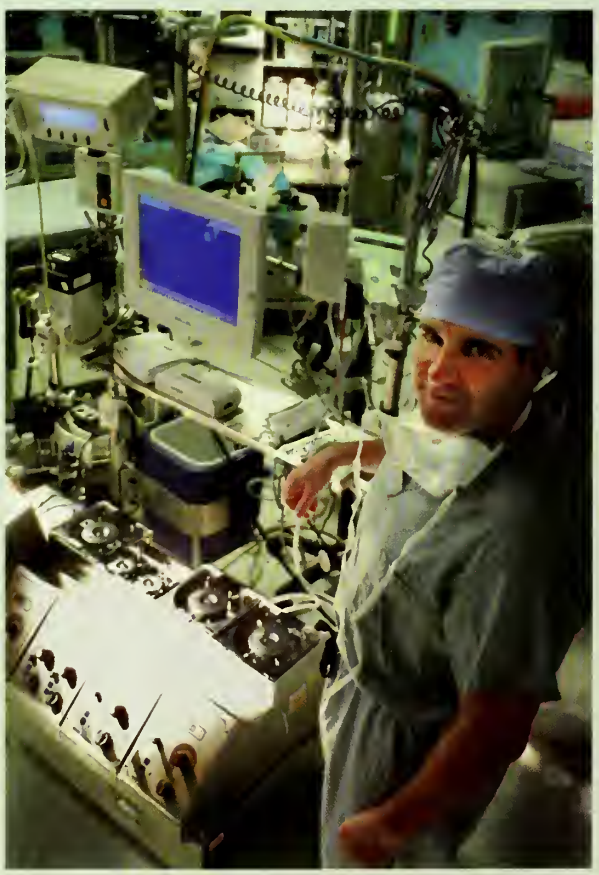
MCG is part of a study to determine whether giving the complement blocker pexelizumab intravenously before, during and after bypass surgery blocks the worst aspect of the inflammatory response. "The immune system is still revved up but we block the most dangerous component of it," says Dr. Landolfo.

Surgeons have long recognized the ill effects of bypass. They have changed the way they do surgery, even doing cases without bypass when possible, and the machine itself has been improved, says Dr. Landolfo. "We are pretty good at having patients survive, but it's all the morbidity related to heart surgery. Much of what remains is related to the heart-lung machine."

The study of 5,000 heart bypass patients in about 40 states and three foreign countries is looking at this drug in at-risk patients, including those who have had a previous stroke or heart attack or have diabetes. Women are also at risk for serious complications, possibly because their smaller size causes their blood to pass through the machine even more times, Dr. Landolfo says, noting treatment protocols already take this risk into consideration.

He's optimistic all bypass patients may one day benefit from some form of short-term suppression of the protective immune response, but for purposes of the study—sponsored by Alexion Pharmaceuticals Inc. and P&G Pharmaceuticals—it's easier to show results in high-risk patients.

His colleague, Pediatric Cardiothoracic Surgeon James D. St. Louis, is trying to understand this potentially lethal inflammatory response in children. "Their response can be profoundly different and profoundly more intense than adults. Children die from it," Dr. St. Louis says. "We have at least one or two children a year where the operation goes fine



Dr. Kevin P. Landolfo

then the children will have this spiraling set of circumstances where there is nothing you can do. It's an immune response," he says of systemic inflammatory response syndrome following bypass.

"Remember, the vast majority of children do fine," says Dr. St. Louis. But he thinks some children, particularly those with low oxygen levels before surgery, have trouble activating a natural mechanism that could correct some cell damage caused by bypass.

As blood moves through the machine where carbon dioxide is removed and oxygen is added, oxygen-carrying red blood cells literally get beat up. "It's a lot better than it was 15 or 20 years ago but it still causes hemolysis," says Dr. St. Louis. Oxygen-carrying, iron-rich hemoglobin is supposed to be carried by red blood cells. But it can escape from bypass-battered cells, generating oxygen-free radicals that destroy tissue. Macrophages, scavenger-like cells that roam the body, have a surface receptor called CD 163 which binds the protein haptoglobin. Haptoglobin in turn binds free-floating hemoglobin so the macrophages can eliminate it. "One of the theories we have is that in some children, CD 163 may be deficient or not up-regulated as much as it should be," says Dr. St. Louis.

To better understand the action of CD 163 in these children, Dr. St. Louis is measuring levels in newborns before, during and after surgery and looking at the expression of macrophages in heart tissue.

He's also looking at the complement system activated by bypass which in children can cause leaking of endothelial cells that line blood vessels. "One of the biggest problems after surgery is the kids swell," Dr. St. Louis says, a result of this leaking that can pull the blood vessel wall lining apart. "We are trying to figure out why at this point," he says, noting that children already receive steroids beforehand to up-regulate CD 163 and suppress the immune response.

He believes the 'why' may again be an issue of mal-regulation. One of his clinical studies is looking at expression of factors that regulate immunity, such as NFkappaBeta, in hypoxic and non-hypoxic children. He's also looking at the contributions of NFkappaBeta to cell leakiness that occurs in some children. "We want to figure out what causes leakiness so we can stop it," says Dr. St. Louis, who says it's likely a signaling process that goes back to the oxygen-free radicals released by battered red blood cells.

An animal model he developed is enabling even more detailed studies of both problems.

Alumnus Receives Outstanding Physician Award

Dr. Jack Butterworth Jr., vice president of medical affairs at Bristol Regional Medical Center and a 1964 graduate of the Medical College of Georgia School of Medicine, has received the Tennessee Medical Association's 2005 Outstanding Physician Award.

The award is presented annually by the TMA House of Delegates to member physicians who have made a mark on medicine in Tennessee and on their colleagues.

Dr. Butterworth, a retired urologist, was nominated for the award by the Sullivan County Medical Society. He has been a member of Bristol Regional's medical staff since 1971. As vice president of medical affairs, he helps identify and implement initiatives that enhance the safety of hospital patients and employees. Areas of emphasis include reducing medical errors, standardizing treatment protocols and efficiently managing hospital resources.

In his ongoing efforts to promote health in the community, Dr. Butterworth spearheaded the Bristol Prostate Screening Program and co-founded the TN-VA Prostate Cancer Support Group. After retiring from Bristol Urological Associates in 2004, he participated in a three-week medical mission trip to the Congo where he treated patients and provided urology education to local physicians. Dr. Butterworth is certified by the American Board of Urology. He is past president of the Bristol Regional medical staff and a past member of the hospital's board of directors.

He has served as vice president of the TMA and as a member of the TMA's Board of Trustees. He is a former president of the Sullivan County Medical Society and former chair of Independent Medicine's Political Action Committee-Tennessee. He has served on the board of the Volunteer Mutual Insurance Company since 1993 and is a founding member of the Tennessee Urological Association.

Dr. Butterworth is an elder at First Presbyterian Church in Bristol and plays trombone in the Bristol Dixieland Jazz Band.

"Dr. Butterworth is a credit to Bristol Regional Medical Center and a credit to our region," said Bart Hove, president of the hospital. "He is an accomplished leader and a compassionate professional who is respected throughout the Wellmont Health System. I applaud THA for recognizing his many contributions to quality health care."

Dr. Feldman Dies at age 79

Dr. Daniel S. Feldman, Professor Emeritus of Neurology, died June 5 at age 79.

Dr. Feldman earned his medical degree from the University of Pennsylvania and completed a residency and fellowship in neurology at Mt. Sinai Hospital in New York City. He served for 20 years as professor of neurology at MCG, including as residency program director.

Dr. Feldman received a Career Investigator Award from the Health Research Council of the City of New York. He held leadership positions in organizations including the Myasthenia Gravis Foundation, the American Academy of Neurology and the National Multiple Sclerosis Society. He was a senior associate examiner of the American Board of Psychiatry and Neurology.

Survivors include his wife, Dr. Elaine Bossak Feldman, three children and three grandchildren.

Dr. L. Michael Prisant

In Appreciation

President and Mrs. Daniel W. Rahn hosted a reception at their home June 16 for Dr. David Stern in appreciation for his tenure as dean of the MCG School of Medicine from 2002 until August 2005. Dr. Steve J. Schwab, chair of the Medical College of Georgia Department of Medicine, is serving as interim dean as a search committee seeks a permanent successor. Dr. Stern joined the University of Cincinnati College of Medicine as dean.

Dr. Prisant Named Chapter President

Dr. L. Michael Prisant, director of the Hypertension and Clinical Pharmacology Unit at the Medical College of Georgia, has been elected to a two-year term as president of the Carolinas and Georgia Regional Chapter of the American Society of Hypertension.

The chapter works to increase awareness among physicians of hypertension, related diseases and treatments.

He is a certified American Society of Hypertension Specialist in Clinical Hypertension and has served on the Continuing Medical Education and Nominating Committees of the national society. He has been a member of the regional chapter since 2000 and was elected an at-large member of its board of directors in 2002.

Dr. Prisant, a noninvasive cardiologist, is a 1977 graduate of the MCG School of Medicine and completed his residency and cardiology fellowship at MCG before joining the faculty in 1982.

His first textbook, *Hypertension in the Elderly,* was just published by Humana Press. He is on the editorial board of *Blood Pressure Monitoring, Heart Disease, American Journal of Therapeutics, Journal of Clinical Hypertension* and *Journal of Clinical Pharmacology*. He is a regent of the American College of Clinical Pharmacology and co-chairs the Sphygmomanometer Committee of the Association for the Advancement of Instrumentation.

Medical College of Georgia
NursingNEWS
Fall 2005

A Message from the Dean

The School of Nursing welcomes the newest cohort of alumni—the class of 2005—to our Alumni Association.

I thought you would like to have a close-up view of one of our star graduates, Amber Brown. This diminutive young woman was well on her way to leaving her mark on the world during her undergraduate years at MCG. The former VALOR (Veterans Affairs Learning Opportunities Residency) Student Nurse made the most of her undergraduate experience by coupling her in-class instruction with evidence-based student practice and faith-based study abroad.

Taking advantage of every opportunity to learn and provide health care to highly vulnerable people through her student role and her health ministry, she has positioned herself to wield ever-greater influence by reaching far beyond the parameters of traditional health care.

Amber's outstanding academic performance and exemplary student leadership garnered numerous awards, including the CSRA Student Nurse of the Year, the Katherine E. Nugent Student Nurses' Association Leadership Award, the Spirit of Nursing Award, the Donna M. Fair Scholar Award, the Leilee P. Ault School of Nursing Alumni Association Scholarship and the Virginia M. Harmeyer Community Service Award. Her energy and vision are boundless.

Amber chose the path of graduate education even before she finished the baccalaureate program in May. She was sitting on the front row when I welcomed our new graduate students in August. Her goal? A Ph.D. in nursing science! She is one of a small but growing number of nurses to go directly from basic nursing to doctoral study.

Most of our doctoral students are mid-career before they get back to graduate studies after having children or pursuing other goals. This delay in reaching terminal degrees is a major reason for the shortage of nursing faculty, administrators and researchers. Amber, our first B.S.N.-to-Ph.D. student, recognizes the importance of acquiring the highest level of education early in a nursing career.

Amber Brown

We intend to recruit more bright and capable nursing students who aspire to become theory-building health care researchers. This one change in nursing education design will increase the potential for nurse scholars over lifelong careers to improve health and health care in the state, nation and world.

Ever onward and upward,

Lucy M. Marion

Dr. Lucy Marion
Dean, School of Nursing

Dr. Narsavage Named Associate Dean

Dr. Georgia Narsavage, formerly associate dean for academic programs in Case Western Reserve University's Frances Payne Bolton School of Nursing, has been named professor of nursing and associate dean for academic affairs in the Medical College of Georgia School of Nursing. She began June 15.

"Dr. Narsavage has extensive expertise in nursing education, particularly in the areas of curriculum and faculty development. We are very pleased to have her on board," said MCG School of Nursing Dean Lucy Marion. "She will work closely with our leadership team to define standards of excellence and create academic programs that position the school at the forefront of nursing education."

Dr. Narsavage also will lead the review of the school's educational programs, work with faculty members to create contemporary new degree programs, implement academic policies and establish strategic academic goals.

"This role is particularly critical because the school has recently implemented several new programs to reflect the growing role of nursing in health care," said Dr. Marion.

These include a doctor of nursing practice program as "a flagship program, one of the first one of its kind, that will provide parity for advanced practice nursing professionals," Dr. Narsavage said.

Dr. Narsavage earned a bachelor's degree in nursing from the University of Maryland, a master's degree in nursing from College Misericordia and a Ph.D. from the University of Pennsylvania, where she also completed a postdoctoral fellowship. She received an adult nurse practitioner certificate from Case Western Reserve University and joined the faculty in 1999 as director of the master of science in nursing program.

As an administrator, educator, researcher and advanced practice nurse, her work has focused on optimizing home care for older patients with chronic lung disease to improve quality of life. These initiatives have led to her upcoming induction as a fellow of the American Academy of Nursing.

She is a member of the Association of American Colleges and Universities, the American Thoracic Society, the European Respiratory Society, the National League for Nursing, the American Nurses Association, the National Organization of Nurse Practitioner Faculties, the American Academy of Nurse Practitioners and Sigma Theta Tau. Dr. Narsavage received the 2002 Sigma Theta Tau International Honor Society Regional Mentor Award. She chairs the American Thoracic Society's Assembly on Nursing and was the "Who's Who" feature in the society's July newsletter.

She and her husband, Peter, have three children and two grandchildren.

Nursing School Introduces Practice Doctorate

Dr. Saundra Turner

The Medical College of Georgia has established a practice doctorate program to help nurses in practice develop interdisciplinary skills and mastery.

The four-semester program "provides the clinical and management expertise necessary to improve health care outcomes

"This is the first program of its kind in Georgia. We've already had considerable interest throughout the state in this program, so we know the demand is high."

–Dr. Saundra Turner

in the practice arenas of health care, leadership and teaching," said Dr. Saundra Turner, chair of the MCG Department of Biobehavioral Nursing.

"Until recently, nursing has been the only health profession without a practice doctorate," said Dr. Turner. "This is the first program of its kind in Georgia. We've already had considerable interest throughout the state in this program, so we know the demand is high."

The program requires a master's degree in nursing or an associated program of study related to a selected practice area. The curriculum will include extensive clinical experience at sites throughout the state. Students will complete a project to demonstrate their competencies.

"We're very excited about this opportunity to provide parity for nurses and enable them to expand on their field of expertise," Dr. Turner said. "This area is growing by leaps and bounds. The program not only will address the nursing shortage by making the field more attractive but will ensure the highest level of nursing care for patients statewide and beyond."

For more information, contact Dr. Turner's office at 706-721-4807.

Alumna Donates $10,000 to Nursing Chair

Dr. Linda Ellis has supported her alma mater in many ways throughout her adulthood, but her most recent gesture brings her full circle.

Dr. Ellis, Associate Professor and Associate Dean Emerita of the Medical College of Georgia School of Nursing, recently donated $10,000 to the school's E. Louise Grant Chair. The chair honors the school's founding dean, a woman who launched countless nursing careers, including Dr. Ellis'.

The chair was established and partially funded through a gift in the will of Dean Grant. Dr. Ellis' gift brings the funding level to around $375,000; the chair will be fully endowed at $500,000. The funding will supplement the salary of a world-class faculty member, bolstering MCG's tripartite mission of education, research and clinical care, according to School of Nursing Dean Lucy Marion.

"Dr. Ellis' gift is meaningful on so many levels," said Dr. Marion. "She earned her bachelor's and master's degrees from MCG, then joined the faculty in 1972 and came out of retirement last year to serve as interim associate dean when we needed her. It's impossible to overstate her many contributions to our school and the university as a whole."

Dr. Ellis, who is originally from Statesboro, Ga., recalls Dean Grant's gift of inspiring others while insisting on the highest of standards. "She and the early faculty were quite visionary, and I really think it's important to get this endowment funded by the time [the MCG Health Sciences Building] opens."

The Health Sciences Building, which will house the School of Allied Health Sciences and School of Nursing, is scheduled to open in mid-2006.

"Now more than ever, private philanthropy such as Dr. Ellis' makes a critical difference in helping the MCG School of Nursing achieve its vision of becoming a premier nursing school," said Dr. Marion.

Such generosity is particularly important amid an urgent need to attract bright young minds to the nursing profession and to optimize their education, she said.

"It's impossible to overstate her many contributions to our school and the university as a whole."

–School of Nursing Dean Lucy Marion

"The MCG School of Nursing is the largest nursing school in Georgia, and it is extremely important to ensure its academic future, particularly in light of a nationwide nursing shortage," said MCG President Daniel W. Rahn. "Endowed chairs help us recruit and retain the highest-caliber academic nurses and go a long way toward ensuring that future."

Since retiring for the second time from MCG, Dr. Ellis enjoys gardening and recently opened her home to the Augusta Daylilies Society to showcase her flowers.

Dr. Weinrich Named Georgia Cancer Coalition Scholar

Dr. Sally P. Weinrich, a professor in the Medical College of Georgia Department of Biobehavioral Nursing whose 30-year research career has focused on health disparities, has been named a Georgia Cancer Coalition Distinguished Cancer Scholar.

Dr. Weinrich will receive $750,000 in Georgia Cancer Coalition funds over five years to support her studies that include innovative measures to inform black men about the benefits and limitations of prostate cancer screening.

"African-American men get prostate cancer more frequently and die at twice the rate of any other ethnic group but they get the least amount of screening," said Dr. Weinrich, who came to MCG in January from the University of Louisville in Kentucky. "The support of the Georgia Cancer Coalition will help ensure that all men have equal opportunity for education and screening."

She has helped develop and test approaches such as a peer educator program and the use of social workers and nurses to help men navigate the health care system.

At MCG, Dr. Weinrich is collaborating with the statewide civic organization, the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of the State of Georgia, to develop and test a Web-based educational program that eventually will be available to the public.

Current prostate cancer screening recommendations include annual rectal exams and blood tests beginning at age 50 for men at average risk and at age 45 for those at increased risk, including blacks and men with a first-degree relative with prostate cancer.

Some controversy exists about the efficacy of screening. "Autopsy studies of older men have shown many have prostate cancer and it never caused them any problem," she said. "We know there is a form of cancer that does not kill and one that does." Unfortunately, available screening doesn't distinguish the type. However, all men need to know what screening offers so they can make informed choices about their health, she said.

DR. SALLY P. WEINRICH DISCUSSES PROSTATE CANCER WITH JOE PEARSON, A MEMBER OF AUGUSTA CHAPTER OF THE NATIONAL BLACK LEADERSHIP INITIATIVE AGAINST CANCER.

Dr. Weinrich plans to pursue similar studies in colorectal cancer. She also is working with the Augusta Chapter of the National Black Leadership Initiative Against Cancer to develop other cancer-related initiatives relevant to the community and state and the resources at MCG.

She was named the 2003 Eminent Scientist of the Year for North America, USA by the International Research Promotion Council and received the Cancer Research Award for the best research publication in 2000 in the journal *Cancer Nursing* from the International Society of Nursing. She received an American Cancer Society Pioneer Award and the University of South Carolina Educational Foundation Award for Outstanding Researcher in Health Sciences in 1995. Her memberships include the Society for Medical Decision Making, the national nursing society Sigma Theta Tau, the American Nurses Association and the International Society of Nurses in Genetics. She recently was one of seven principal investigators for the African American Hereditary Prostate Cancer Study, funded by the National Cancer Institute.

Dr. Weinrich, who has been a principal investigator on 17 studies, has published more than 100 articles about half of which are directly related to populations with health disparities. She earned her bachelor's degree in nursing from the University of North Carolina-Chapel Hill and a master's degree, a certificate in gerontology and doctorate in educational research from the University of South Carolina.

CLASS NOTES

School of Allied Health Sciences

Lisa Hoty (*Department of Medical Technology, 2004*) volunteered at the Mercy Ships Aberdeen Clinic and Fistula Center (www.mercyships.org) in Freetown, Sierra Leone in June. The primary task of the clinic is to provide reparative surgeries on women suffering from vesico-vaginal fistulas, a childbirth complication unknown in the developed world but common in poor countries.

Attention, Alumni

Please keep us posted on personal and professional achievements by dropping us a line. Remember to include your degree, class year and contact information.
Also, please let us know if your address has changed.
Send information to:

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School of Graduate Studies

Obituaries

Dr. Andrew M. Kelahan (*Ph.D., '83*), assistant professor at DeVry University in Fort Washington, Pa., died May 5 of leukemia at age 50. Before joining DeVry, his positions included founder of the Minnesota-based NorthStar Foundation for Clinical Research and Education, vice president of external affairs and chief operating officer for the Coalition of National Cancer Cooperative Groups and executive director for external affairs for the Eastern Cooperative Oncology Group. He was co-editing a biotechnology textbook and developing curricula for new programs in health information systems, bioinformatics and biomedical engineering technology at the time of his death. He also taught online courses for Sullivan University. Survivors include wife Sara Rinker Kelahan, a stepdaughter, two grandsons, his father and 10 siblings. "He worked tirelessly to help cancer patients," said his wife, a 1980 graduate of the Department of Medical Record Administration.

School of Medicine

Dr. Warren White (*'58*), Anderson, S.C., has received the Order of the Silver Crescent, awarded to South Carolina residents for exemplary community performance, contribution and achievements. It is the state's highest award for volunteer and/or community service. Dr. White was a family practitioner in Anderson for 40 years. He says, "I always tried to treat all my many patients to the best of my ability and with humility and respect." He and his wife of 48 years, Miriam Garvin White, have three children (Dr. Gayle White Appleby, Dr. Warren C. White and David L. White) and six grandchildren.

For information about MCG's new master of public health program in informatics, visit
http://www.mcg.edu/News/ MCGToday/Sum05/allied.htm

School of Medicine *continued*

Dr. Jerry Siegel (*'60*), New York City, was named a master of the American College of Gastroenterology last October and was recently elected governor of the college representing Manhattan. He also was elected a board member of the American Society for Gastrointestinal Endoscopy Foundation, whose current president is MCG President Emeritus Francis J. Tedesco. Dr. Siegel was a presenter and co-moderator of "Endoscopists' Injuries" at Digestive Disease Week in Chicago last May and, as director of therapeutic endoscopy at Beth Israel Medical Center, is the course director for the "Live ERCP" workshops held at Beth Israel twice a year. He was included in Castle Connolly Medical Ltd.'s *America's Top Doctors* publication and Woodward-White's *Best Doctors in America*. He and wife Beverly will celebrate their 50th wedding anniversary in December.

Dr. Larry Boss (*'61*), Villa Rica, Ga., has retired after 40 years of practice. He is a benefactor of the MCG Foundation and worked for 23 years as a clinical faculty member in the MCG Department of Family Medicine, having students in his office every rotation of those 23 years. His clinical teaching earned him induction into the MCG chapter of Alpha Omega Alpha.

Dr. Paul E. Stanton Jr. (*'69*), president of East Tennessee State University since 1997, has been re-elected vice chair of the Southern Regional Education Board

Dr. Frank Rumph (*'71*) has been named executive director of the East Georgia Cancer Network, a 29-county group that is a Regional Program of Excellence created under the Georgia Cancer Coalition Initiative. He will promote excellence in cancer prevention, early detection, diagnosis, treatment and research. The network will work closely with a Center of Excellence combining research efforts at MCG and the University of Georgia. Before assuming his new position, Dr. Rumph served 14 years as director of Georgia's East Central Health District.

Dr. Elisabeth J. Rushing (*'80*) has been named chair of the Armed Forces Institute of Pathology's Department of Neuropathology and Ophthalmic Pathology. Her duties include overseeing diagnostic consultation and research and educational programs for the department. Dr. Rushing is a native of Augusta and a member of the U.S. Army Medical Corps.

Dr. Karen Foushee (*'87*), a pediatrician with Pediatric Partners of Augusta, has been named to the Board of Directors of First Bank of Georgia.

Dr. Annie T. Varughese (*'89*), a board-certified cardiologist of the American College of Cardiology, has been named medical director of eCardio Diagnostics, LLC. Based in Woodlands, Texas, eCardio provides advanced technology cardiac arrhythmia monitoring.

Obituaries

Dr. William C. McCarver (*'42*) died July 20 at age 87. Dr. McCarver practiced medicine in Gainesville, Ga., from 1949 until his retirement in 1985. He was a 50-year member of the American Academy of Family Physicians, the Georgia Academy of Family Physicians and the Medical Association of Georgia.

Reflections

Going the Distance

by Patrick Booton

Not again.

That's the first thought that crossed my mind when I learned in 1996 that I had cancer.

This time it was bilateral tonsil cancer that had spread to my lymph nodes. I pride myself on a positive attitude, but I admit the news left me deflated.

Hadn't I already fought this battle?

Twenty years earlier, when I was an athletic 25-year-old and seemingly the picture of health, I was diagnosed with advanced testicular cancer. It had spread to both lungs and my doctors didn't expect me to live more than a couple of months. My oncologist told me to live every day like it was a gift.

I took his advice—and remembered it 20 years later when I realized it was time for round two. So, yes, my second cancer diagnosis knocked me for a loop, but only temporarily. It didn't take long for me to remember that, cancer or no cancer, life is a gift—and all the sweeter when death may be right around the corner.

But I had no intention of dying. After all, I had defied predictions the first time when I embarked on an experimental chemotherapy treatment that saved my life. The yearlong treatment was physically and emotionally grueling, but I had my life back. I beat cancer then, and I intended to beat it again.

My first cancer diagnosis prompted me to enter the health care field, and in 1984, I earned a degree in nuclear medicine technology from the Medical College of Georgia. I went on to earn a master's degree in medical physics from Emory University and eventually settled in Savannah, Ga., where I am a medical physicist at the Curtis and Elizabeth Anderson Cancer Institute at Memorial Health University Medical Center.

With the news of the tonsil cancer, I instantly morphed from healer to patient. This time, I was fighting cancer in my own department. The support and strength of my team members was amazing. It kept me focused on my goal: beating cancer again. I'm so blessed; I can never thank them enough for their support and compassion.

In 2002, to celebrate my five-year anniversary of being cancer-free, I decided to take a one-day bike ride from the location of my first diagnosis—Augusta—to the location of my second diagnosis—the Anderson Cancer Institute in Savannah. A 140-mile ride in one day isn't easy, but it was something I had to do. And I didn't have to do it alone. Upon hearing of my plan, several friends and colleagues signed on to ride with me.

Since then, the trek has become an annual event. The ride has grown to over 40 cyclists, all of whom share my enthusiasm for cycling and my passion for life. We completed our fourth ride May 21 with approximately eight hours of ride time and an average speed of 17.9 miles per hour. Group statistics included one flat tire, one broken pedal, one minor crash and one tooth pulled out of an energy bar.

I participate in many cancer fundraisers, but the annual bike trek—which I dedicate to the Anderson Cancer Institute—is closest to my heart. Completing the ride is definitely a group effort. Some riders are stronger than others. The strongest help others ease up the hills near the end of the ride, which is symbolic of people fighting cancer. Some people need more help than others. It's all about going the distance with the support of family and friends.

Patrick Booton with fellow cyclists and (below) during his May 21 trek.

Medical College of Georgia Today welcomes submissions to the Reflections column of the magazine. Typed essays (approx. 750 words long) reflecting a professional or personal experience of a member of the MCG community should be submitted to:
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WWW.MCG.EDU

Today
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Fall 2005
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Back to the Books

Registration and moving day were top priorities as MCG students came to campus in August to begin or continue their health sciences education.

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